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AN

ESSAY

ON THE

UTERINE HÆMORRHAGE

Which precedes the Delivery of

THE FULL-GROWN FŒTUS;

ILLUSTRATED

With Cases.

BIBLIOTH. COLL. REG. MED. EDIN.

BY EDWARD RIGBY, M. D.

F. L. S. F. H. S. &c.

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SIXTH EDITION.

WITH A MEMOIR OF HIS LIFE

BY JOHN CROSS, SURGEON.

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1822.

DEDICATION.

To CHARLES WHITE, Esq.

F. R. S. &c. &c. &c.

Sir,

I FEEL *a propriety, as well as a gratification, in dedicating the present edition of the following Essay to you. You allowed me to submit the original manuscript to your perusal: you strengthened my opinions by a reference to your own practice, and you encouraged me to publish it.*

The favourable opinion of one so distinguished in his profession, at all times so estimable, was of peculiar value to me at that

early period of my life, and contributed materially to lessen my anxiety in appearing before the public.

Allow me to say, that time has in no degree lessened the sense of my obligation to you; nor can it have diminished the great respect I ever entertained for your high character as a man, an author, and a surgeon.

That your health may be continued, and your useful life protracted, is the sincere wish of

Your faithful humble servant,

EDWARD RIGBY.

PREFACE

TO

THE FOURTH EDITION.

Most of the Cases on which the doctrine contained in the following pages is founded, fell under my notice in consequence of being appointed to attend all the poor women in a large and populous city who may have difficult and dangerous labours.

I thought it right to premise this, as, were it not known what circumstance gave me an opportunity of collecting them, the number of Cases, when compared with the short space of time in which they occurred, must appear so extraordinary, (exceeding, in so great a proportion, the number usually met with even in

in the most extensive *private* practice,) as possibly, with some readers, to render their authenticity doubtful, and consequently to invalidate the reasoning deduced from them.

This edition contains a much greater number of Cases than appeared in the former ones; and they have been principally collected from the same source whence those were obtained. The reader will find that these not only tend more fully to prove the justice of the reasoning made use of in the Essay, and to confirm the general practice therein recommended, but that some of them having been attended with peculiar circumstances, have enabled me to consider the subject more extensively, and have given rise to some new remarks, which I trust will not be without their use in practice.

E. R.

Norwich,
June 24, 1789.

PREFACE

TO

THE FIFTH EDITION.

In presenting to the Public a new Edition of the following Essay, the former ones having been many years out of print, I comply with the repeated and respectful solicitations of many persons.

I should have done this some years ago, had I myself thought it necessary again to excite the attention of the profession to the subject, or had I supposed additional testimony at all requisite to establish the doctrine it contains; but this is in itself so simple, was so fully confirmed by the facts first published,

and

and its practical application is so obvious and intelligible, that I considered I had done all which was required of me.

A case of Hæmorrhage, in which I found the Placenta attached to the Os Uteri, occurred at a very early period of my practice; but not finding such a circumstance recorded in the lectures which I had attended, or taken notice of in the common elementary treatises on Midwifery, I considered it, at first, merely as a casual and rare deviation from nature. In a few years, however, so many similar instances fell under my notice, as to convince me that it was a circumstance necessary to be inquired after in every case of Hæmorrhage; and this conviction was confirmed by the perusal of cases in midwifery; for I then found that the fact of the Placenta being thus situated had been recorded by many writers, though in no instance, which had then reached me, had any practical inferences

been

been deduced from it. It appeared to me, indeed, most extraordinary that such a fact, known to so many celebrated practitioners, should not long before have led to its practical application, and in consequence to more fixed principles in the treatment of Hæmorrhage from the gravid Uterus; and I may, perhaps, be allowed to say that I congratulated myself, young in years and in practice as I then was, in being, probably, the first to suggest an important improvement in the treatment of one of the most perplexing and dangerous cases in midwifery; and that I committed my observations on the subject to paper, not only under a conviction of their practical utility, but certainly, also, under an impression that my suggestions were original.

Not long after the first edition was at press, indeed before the first sheet was printed, Levret's dissertation on this subject fell into my hands; and in a note I referred to it as

additional testimony in proof of the Placenta, in these cases, being originally attached to the Os Uteri.

I have been led into this little detail, because it has been suggested that I have borrowed my theory from Levret. After remarking the gross folly I should have been guilty of in quoting Levret, had I furtively adopted his opinions, it will, I trust, be sufficient for me unequivocally to declare, that my original ideas on the subject were derived solely from my own personal observation and experience; and that, having previously neither read nor heard of the Placenta being ever fixed to the Os Uteri, the knowledge of such a circumstance, derived as before observed, came to me and impressed me as a discovery.

I was certainly, afterwards, struck with the coincidence of the sentiments of Levret and myself

myself on the subject, with the similarity of our practical deductions, and, allowing for the difference of language, even with the sameness of our expressions. But is it extraordinary that two persons should have deduced the same conclusions from similar premises? In the present instance, where the inferences are so obvious, the contrary, as I have before remarked, is, surely, the more extraordinary; more extraordinary that other writers who have noticed the fact, should not have deduced them; that Dionis, Mauriceau, Deventer, La Motte, Portal, Ruysch, Giffard, Smellie, Hunter, &c. whom I have quoted as having found the Placenta at the Os Uteri, should not have practically applied it, than that Levret or myself should have done it. I am, further, not reluctant to acknowledge, that after reading Levret's Dissertation, I felt less entitled to the claim of absolute originality on the subject; and I now rest perfectly satisfied to divide with him the credit

arising from the mere circumstance of communicating a new physiological fact. But were I even denied all claim to originality, I should still not be without the satisfaction of having, at least, materially contributed to diffuse the knowledge of an important fact, and of having established its practical utility on the unequivocal testimony of experience; for, had I seen Levret's Dissertation sooner, or had even my attention been first directed to the subject by its perusal, ought it to have superseded my publication? Was the practice in this country, at that time, at all influenced by Levret's Dissertation? or has it even since been translated into the English language? Was it, at that time, generally known that the attachment of the Placenta to the Os Uteri was a frequent cause of Hæmorrhage? and were any directions for our conduct, in these cases, founded on the knowledge of this fact, given by those who then lectured on the art of midwifery?

Levret's

Levret's facts, moreover, though they proved that the Placenta might be originally attached to the Os Uteri (and a single instance would establish this), were scarcely sufficient to prove the frequency of its occurrence, from which alone arises the necessity of practically attending to it in every case of Hæmorrhage. His observations (perhaps even more creditable to him for being founded on such scanty materials) were derived from four cases only, and of these but two were under his own immediate cognizance; whereas, in the first edition of this Essay my opinions were supported by thirty-six detailed cases, in thirteen of which the Placenta was found at the Os Uteri; and in the fourth edition the number was increased to a hundred and six, forty-three of which were produced by this peculiar original situation of the Placenta.

Nor even in France does Levret's doctrine seem to have been generally adopted; for his pupil

pupil Leroux, who has written so elaborately on Hæmorrhage, and who refers to Levret's Dissertation, recommends in these, as in all other cases, that recourse should be had to his favourite *tampon*, which, however useful in flooding subsequent to delivery, (and in these practice, I believe, has established its utility), or even, however applicable in the early months of pregnancy, cannot, obviously, be relied upon in a case in which the prompt removal of the contents of the Uterus can alone effect the safety of the patient.

Being convinced, indeed, not only from the most obvious physiological reasoning, but from ample and unequivocal experience, of the necessity of early delivery in these cases, I have learned, with no small concern, that a contrary opinion is maintained from a respectable medical chair in Edinburgh; that it is there even suggested, that the attachment of the Placenta to the Os Uteri does not

not necessarily produce dangerous Hæmorrhage; and that it is practically directed to wait until the the violence of the symptoms shall indicate the necessity of delivery. Such a doctrine, delivered from so high an authority to those who annually settle in this and other countries, is, I am persuaded, calculated to produce extensive mischief.

Many practitioners, and more especially the young and timid, are but too reluctant to perform an operation of difficulty and hazard. Such a doctrine has an obvious tendency to increase, as it would seem to justify, this reluctance; and, if generally influencing practice, must, I have no hesitation, in saying, frequently expose patients to the danger of fatal procrastinations.

I have, at the same time, a satisfaction in referring the reader to a paper on the subject by Dr. Douglas, in the first volume of the Medical

dical Communications, page, 107, in which he ably points out the danger of delaying to deliver; and explicitly says, "that it should "be attempted immediately, whenever we "are satisfied that the flooding is the conse-"quence of the attachment of the Placenta to "Cervix Uteri;" and, by adducing instances in which the Os Uteri has been ruptured with impunity, seems to hint, that the delivery should be promptly effected, even at the risk of such an accident.

Many more cases of Hæmorrhage, as it may be supposed, have occurred to me since the date of the last edition, including a period of more than twenty years. In these there has been not a less proportion of those in which the Placenta was attached to the Os Uteri. I have not, however, thought it necessary to add these in detail; they would materially have swelled the volume, and the the former ones appear to me sufficiently to have

have illustrated the general doctrine. Nor have I made any addition to the Essay itself, or even attempted to correct the inaccuracies of style inseparable from the composition of a young man. One reason for this was, also, to limit the size of the volume. I had, besides, a wish that it should again appear in its original form, as, perhaps, best adapted to exhibit the progressive evolution, if I may so express myself, of my opinions on the subject, and the gradually increased confidence in them, arising from my more extended experience.

I have only to add, and it is important that I should not omit it, that in every one of the subsequent cases just alluded to, in which the Placenta was not at the Os Uteri, the termination of the labor was safely effected by the natural efforts. But notwithstanding this uniform, and now very extended success, I have not thought it right to withdraw the

cautionary note on this part of the practice, which the reader will find at page 84.

E. R.

Norwich,
June 24, 1811.

PREFACE

TO

THE SIXTH EDITION.

In printing another Edition of this Essay, I again comply with the request of many professional persons; and it cannot but be highly gratifying to me, after such a lapse of time as has taken place since it was first published in 1776, that it should still be in demand. The importance of the doctrine it contains is thus unequivocally acknowledged, and I should hope its practical application will be thus permanently and universally established. On this account it is satisfactory to find that its circulation has not been limited to this country; it being well known on the Continent,

nent, and has been translated into several European Languages. I have an impression of it in German and in French, the two languages most extensively known in Europe; the one published at Leipsic, in the year 1786, and the other more recenty translated by Madame Du Boivin, at Paris. I have reason to believe it has been also read in the Russian Language, as Dr. Hamel, when in England, informed me it was well known and lectured from at Petersburgh. I may add, it has had an extensive circulation in its original language in America, from whence I have had some very respectable notices.

E. R.

Norwich,
October 20th, 1821.

AN EULOGY

UPON

EDWARD RIGBY, M. D. &c.

READ BEFORE THE

NORWICH PHILOSOPHICAL SOCIETY,

ON THURSDAY, DECEMBER 13th, 1821.

In rising, Gentlemen, to perform the task you have assigned me, by paying a tribute of respect to the memory of our departed President, I shall forego all apologies, and rest entirely upon your kindness, whilst I follow the dictates of my own judgment and feelings.

A similarity of professional pursuits, and habits of the strictest intimacy with him whom we have to lament over, must have been the only motives which guided you in selecting me to address you on this melancholy occasion; but in yielding to those motives you have, I fear, forgotten how many more important qualifications are required to describe adequately the character and acquirements of such a man, to estimate the loss this

Society has sustained, and to satisfy an audience like the present. The plan which it best suits me to pursue is direct and simple; and if the plain narrative which I purpose to offer be occasionally interrupted by an attempt at panegyric, I beg of you to be assured, that I shall say nothing which I do not feel, in whatever degree I may fail to make others feel what I say. The best eulogy upon a *great* man will invariably be found in the recital of his useful labours.

Edward Rigby was descended from a respectable family in Lancashire, and was born at Chowbent on the 9th of December, 1747. His grandfather by the maternal side was Dr. John Taylor, of Norwich, whose "Hebrew Concordance" and various writings on theological subjects, are well known to the learned world. At an early age he was placed under the tuition of Dr. Priestley, and by his quickness and assiduity so far gained the confidence of his præceptor, that he was allowed to superintend the printing of a work of the Doctor's which was then in the press. I have often heard him remark that, to assist his memory in recollecting his lesson in Geography, he used to cut out the different counties of England from the map, and replace them in their proper situations—anticipating the useful discovery of the dissected map, which has since been adopted as a successful method of instruction. On Dr. Priest-

ley's removing to Warrington, Edward Rigby still continued under his care, although too young to be admitted into the Academy. Quick and ardent in profiting by the example before him, he imbibed from this source a zealous love of philosophical research, and a noble philanthropy which embraced all human nature; and the days of his *school-hood*, which are always recurred to with delight, were by him held in the fondest recollection, because they were associated with the memory of a man celebrated equally in literature and science. Leaving this able teacher before he was fourteen years old, Edward Rigby was placed for a short time under private tuition, that he might attend more particularly to some parts of his education which had hitherto been neglected. Having completed these studies, he arrived in Norwich on the 17th of September, 1762, and was immediately apprenticed to Mr. David Martineau, a surgeon at that time eminent in his profession. The few surviving companions of this period of his life describe him as being gay, and fond of whatever would promote pleasantry and conviviality; but he never lost sight of improvement in choosing his associates, and was constantly so full of ideas that he often signalized himself by a jeu-d'esprit amongst his friends, with whom he formed a literary society, where every member was required at each meeting to produce some novelty in writing,

whether the laugh went with or against him. He was sanguine and energetic in his pursuits, and would frequently deprive himself of a due share of sleep to accomplish a favorite object or master the subject he had undertaken. The industry which characterized the rest of his life was conspicuous even at this youthful period, and he would at any time rather be robbed of his money than of his time.

The term of his apprenticeship being completed, Mr. Rigby pursued his professional studies in London with all the advantages which the medical schools, at that time flourishing, or rather beginning to flourish, under the two *Hunters*, afforded; and he was admitted a Member of the Corporation of Surgeons on the 4th of May, 1769. In the same year he married, and fixed himself as a practitioner in Norwich. Possessed of a commanding person, fine intellect, and affable manners, he soon got employment in his profession, and the experience which he gained, by being appointed to attend all the difficult cases of midwifery amongst the poor women in this populous city, was made the basis of his future celebrity. In 1776 he published "An Essay on the Uterine "Hæmorrhage which precedes the Delivery of "the full-grown Fœtus," in which he distinguished cases of flooding into *accidental* and *unavoidable*, and advocated an active method of treatment in

the latter class, which has been the means of saving the lives of thousands of his fellow creatures. By a singular coincidence, a similar arrangement and practice were promulgated about the same period by M. Levret, in France; but whoever may share with Mr. Rigby the claim to originality, he alone has the merit of having introduced into general use in this country the practice so necessary to be pursued in these perilous and distressing cases, by the immense body of experience with which he supported his reasonings on the subject. This publication in a few years obtained for him an European reputation, and wherever medical science is cultivated, it is still read and estimated for the pure classical style in which it is written, the practical value of the observations it contains, and the numerous cases that illustrate them. Indeed, what more needs to be said upon this work than that it has been translated into the French and German languages, and that the fifth edition is exhausted by the immense demand for it in this country? As this was the first, so it was the last work, upon which the pen of the author was employed, the preface to the sixth edition, now in the press, receiving a finishing touch by him on his death-bed.

Although Mr. Rigby was much engaged in the laborious duties of his profession, he never neglected scientific pursuits; and having, by practice

and a ready supply of ideas, acquired a remarkable facility in composing, he contributed largely to the journals of the day, in reviewing new publications, and in furnishing original communications upon a great variety of topics. Early rising, uninterrupted health, and a vigour of mind that demanded no other relaxation than a change of employment, gave him the means of joining a cultivation of the science of his profession with the most extensive practice of it. In 1783 Mr. Rigby published "An Essay on the Red Peruvian Bark "in the Cure of Intermittents," representing it as capable of acting almost as a specific in fevers of that description. This remedy has of late, however, fallen into disuse, by the complaints for which it was so strongly recommended having entirely disappeared from this district; intermittents now being no longer met with in this city, or its immediate neighbourhood, although so frequent at the time the treatise in question was written. Ever watchful over the lower class of people, who are least capable of watching over themselves, Mr. Rigby in the same year wrote a small pamphlet on the charitable inoculation of the poor, warmly and humanely exerting his powerful abilities to check the ravages of the small-pox. Amongst the various productions of his pen, none more strongly displays his scientific acquirements, ingenuity, and practical skill, than his Essay * on the Theory of

"Animal Heat, and on in its Application in the "Treatment of cutaneous Eruptions, Inflamma- "tions, and some other Diseases." Notwithstanding the revolutions in chemistry and the modern experiments and discoveries in physiology have rendered many parts of that treatise obsolete, the facts by which the practice advised is supported remain in full force. To recommend the cooling treatment of inflammatory diseases was at that time bold and original; and the author had the triumph of living to witness the complete establishment of the treatment he recommended; whilst his speculations yielded to the theories of the writers who followed him, in the same manner as these will, in all probability, give place to the doctrines of *our* successors. His "Chemical Ob- "servations on Sugar," which displayed equal ingenuity, shared the same fate, in consequence of the unforeseen changes in chemical doctrines. But Mr. Rigby was contented to suffer whatever the advancement of science might detract from the lasting merit of his writings. One of the most striking traits in his character was the little power which prejudice and education possessed to prevent his relinquishing long-established opinions for new improvements, and to the last year of his valuable life he would embrace a discovery, or adopt a new opinion, with the same enthusiasm as in his youth, the same vigour as in his earlier manhood. To

observe and to assist in the improvement of science was his delight, and to this object was his active and energetic mind continually directed, making it second to none but that of alleviating the unavoidable afflictions of human nature. The Essay upon Animal Heat was translated into German a few years after its appearance in England, as were also the Chemical Observations on Sugar.

It was Mr. Rigby's nature to sympathise with the difficulties of his professional brethren, though the same difficulties could not reach him. By constant intercourse with those who held a less eminent situation than himself, he became acquainted too frequently with cases of distress, and wishing to offer the means of providing against a day of need, to those whose scanty remuneration could not, by the greatest œconomy, be converted into a provision for their families, he was foremost in planning and establishing, in 1786, the "Norfolk Benevolent Society for the Relief of the Widows and Orphans of Medical Men." This was the second provincial institution of the kind established in this country, and the arranging of the rules, conducting the necessary correspondence, and keeping the accounts of the charity, were duties which this actively benevolent man willingly undertook, by accepting the office of Secretary at the first meeting of the Members of the Society. In 1810 he relinquished the office

of Secretary, and was appointed Treasurer, which appointment he retained until his death. It is surprising that, amongst his numerous avocations, Mr. Rigby attended the annual meetings of the Benevolent Society for *twenty-nine* years in succession, and was only twice absent in thirty-six years. His assiduous and long-continued efforts in behalf of the claimants upon the funds of this inadequately supported institution, fully entitle him to the gratitude of all connected with it, and will make his name be revered so long as charity and benevolence attract the approbation and applause of mankind.

In 1789 Mr. Rigby was made a Member of the Medical Society in London, his writings having brought him into an advantageous acquaintance with many eminent men in the metropolis.

Possessed of a competent fortune, Mr. Rigby at this period was desirous of relaxing a little from the arduous duties of his profession, and therefore determined to make an excursion to the Continent; and as few men were more worthy of such an opportunity of enjoyment, so none were more able to profit by it. Although I have hitherto referred to him chiefly in regard to his celebrity in his profession, he had always cultivated polite literature and science in general. In the circle of useful knowledge there were few subjects with which he was not in some degree

acquainted, and in *Nature* there was no object uninteresting to him. Quitting England in July 1789, he arrived on the 8th of the same month at Paris, where he had an opportunity of witnessing, during his short visit, the earliest commotions in the people, which marked the commencement of the Revolution in France. He had letters to Lavoisier and to Tenon, but neither of them were to be seen. At Versailles he had an interview with Mirabeau and Turgot, to whom his companions bore letters; and he has recorded the words which fell from the lips of the latter at so memorable and critical a period. At the theatre, the Palais Royale, in the streets and public squares, he was an eye-witness to the popular meetings, processions, and conflicts, which fill the pages of history relating to that memorable period. We may judge how he spent his time by the descriptions he has given. Of the night of the 13th of July he says: "It was passed most uncomfortably. We went "to bed, but soon rose again. The streets were "full of mob and soldiers—general symptoms of "alarm, shouts, firing of guns, light of torches, "and some appearances of distant fires." Next day he intended to leave Paris, but passports were refused, and no persons allowed to pass its gates. This delay gave him an opportunity of witnessing sights of horror which history has failed to record. Before the close of that day, shouts of

exultation rent the air at the storming of the Bastile, and as he was walking along the streets he met a large body of the people with two bloody heads raised on pikes—one of them the head of the Governor of the Bastile. Dangers did not deter him from observing, at all hours, what was transacting. On the night of the 15th, he says: "We walked out several times in the night;—"every now and then a party passed, who came "from the Bastile. They had released some pri-"soners; amongst them an aged Count, who was "found in one of the deepest and most inaccessible "dungeons: he had been confined forty-two "years, and was a Major of Cavalry; he was "dressed in a greasy reddish tunic—his beard had "not been shaved, and his hair, which had not "been combed during the whole period, was grown "very long, closely matted together, and divided "into two parts, reaching on each side to his "knees—so that he exhibited a most extraordinary "appearance." Such are the scenes he describes from his own observations. After repeated and fruitless attempts to get away, being stopped by the populace and brought back to the hotel, he finally quitted Paris on the 19th of July, and proceeded to the South of France, where a clear sky, mild atmosphere, and abundant productions, with numerous inhabitants enjoying themselves in the open air in dancing or conversing in groups, gave

him an attachment to a warm climate, which he never relinquished; and he could not help wishing to dwell amongst them, till he recollected the inseparable ties of relations and friends whom he had left in England. He next passed into Italy, and thence into Switzerland, taking his route homewards through a part of Germany, Prussia and Holland. In this excursion he was alive to every object within the sphere of his observations. The manners of the different people—the public institutions—the productions of art—the works of nature, from the grandest to the simplest—antiquities—agriculture—government—all these, and more than these, were within the reach of his capacity. Objects were impressed upon him with double force, from his never expecting to see them again; and his simple yet animated descriptions of whatever was most interesting in the countries through which he passed, will remain, in the circle of his friends, who have access to his unpublished journal, a delightful proof of his great genius, taste and attainments.

Much information respecting his opinions and the bent of his mind is to be gathered from this journal of his continental excursion, every part of which bespeaks him to have been modest in his pretensions, humane in his disposition, and enthusiastic in his fondness for every kind of valuable knowledge. Receiving an unsealed letter of re-

commendation to a distinguished person at Lisle, he had not impudence enough (as he expressed himself on that occasion) to deliver it, because it contained such extravagant praises of himself. He gave way to the best feelings of his nature, when he said: "Every scene which gives me an "idea that people are happy, cannot but give me "pleasure." He verified to the utmost his own judicious remark, that "travelling is capable of "affording more than amusement; it is the greatest "source of information and improvement—the "only thing which can remove prejudices;" and he returned to his native country fully convinced that human nature is nearly the same every where, and that health, industry and honesty, will generally ensure a fair share of happiness in every quarter of the world.

The fame which Mr. Rigby so justly acquired, more particularly as an accoucheur, obtained for him an offer from the late Dr. Osborne, to join him in giving lectures on Midwifery in the metropolis; but some domestic circumstances stood in the way of this arrangement, and he returned to Norwich to enliven the society of the friends of his earlier years, and to shower blessings upon the inhabitants who estimated him rightly.

I have hitherto spoken of Mr. Rigby principally as a medical writer; but a mind like his could not confine itself to the care of the sick, who make a

small proportion of a population. He was anxious to take care of the whole, to prevent penury as well as disease. Not contented to save life, he wished to make the living happy in themselves, and serviceable to others. He therefore turned his attention to political economy, more especially to the management and comfort of the poor. In 1781, being in Lancashire, his kindness of heart led him to visit the cottage where dwelled the poor woman who had been the nurse of his infancy. She was employed in weaving, and used what is called the flying shuttle. The utility of this simple machine, in facilitating labour, and allowing the weaver to sit erect, instead of leaning with his breast against his loom, struck Mr. Rigby instantaneously. He made an accurate sketch of it with all its dimensions, and on his return introduced it to the notice of some manufacturers in Norwich, where it was subsequently adopted, and has contributed in some degree towards the present prosperity of our city.

In 1783 Mr. Rigby became a member of the Corporation of Guardians, who take the management of the poor in Norwich, and immediately commenced enquiries respecting the qualities and expense of the provisions, which he had reason to believe might be improved by an alteration in the mode of purchasing and delivering them to the poor. Much opposition was excited by these mea-

sures, as well amongst the officers of the Corporation of Guardians, as amongst the paupers themselves, who became troublesome and even riotous, from an unhappy persuasion that no alteration, having economy for its object, could be made without its producing a diminution of their allowances. The abuse and obloquy which were unjustly cast upon Mr. Rigby, but which had not power to deter him from carrying on the inquiry and executing the plan he had undertaken, were in some measure compensated for, by a large and respectable body of his fellow citizens liberally presenting him with a valuable piece of plate, "in "order to shew their sense of his conduct, their "gratitude for his important services, and their "wish to encourage every good citizen to prosecute "objects of real reformation." The following year he ceased to be one of the Corporation of Guardians, which excluded him from taking further measures of improvement than those already suggested; but he was afterwards presented with the freedom of the city, "for his very important "services in suggesting regulations, by the adop-"tion of which the expences of maintaining the "poor became greatly diminished." Of all these transactions regarding the provision and management of the poor, Mr. Rigby published in 1788 a detailed report, which moreover exhibited some important facts respecting the economy of workhouses in general.

No man was less aspiring to civic honours than Mr. Rigby, as they were equally unsuited to his professional and scientific pursuits; but his private inclination gave way when he saw that an object important to the interests of the city was to be effected. It was in contemplation to build a new workhouse for the poor at an enormous expence, and with a view to be again admitted into the Corporation of Guardians, in order to oppose this measure, he became a candidate for the vacant gown of Alderman in 1802, and was honourably elected. "The duties of magistracy "being little compatible with extensive medical "practice," he observed, "and at the same time "not much suited to my private habits and pur-"suits, I should not have accepted it, could I in "any other way have been a Guardian." Regarding workhouses as the poor man's prison, and the nurseries of indolence, vice and disease, Mr. Rigby advocated so ably the propriety of adopting out-door allowances, that the plan of erecting a new workhouse was relinquished, and an enormous permanent expence spared to the inhabitants of this city. He would not have lived in vain, had he effected only this one great object, the result having so fully proved the strength and justice of every argument he advanced, and of course equally explained the magnitude of the evil he, by perseverance in the midst of difficulty and opposition, prevented. The old workhouse, with slight addi-

tions, accommodated all the applicants for admission, and in the present improved state of our manufactures half the space is unoccupied.

Having undertaken the duties of a Magistrate, Mr. Rigby was watchful to execute every part of them with assiduity, firmness and impartiality. He was rarely absent from any public meeting at which it was possible his services might be needed; and he on all great occasions exerted himself manfully for the public good, disregarding his own private advantage. In 1803 he served the office of Sheriff, and in the execution of the laws coupled justice with the greatest humanity. The year of his Mayoralty, 1805, was signalized by several useful improvements commenced under his direction. The civic feast, which is peculiar to this city, was hospitably celebrated at his expence; weekly bills of mortality (a branch of police which had been till then entirely neglected in Norwich) were instituted, and have since been regularly kept up, affording useful documents respecting the health, disease and increase of population. During the Mayoralty of Mr. Rigby, the philanthrophic Mr. Nield visited Norwich, and was accompanied by him to inspect the workhouse, where they were struck with the disgraceful discipline which prevailed in regard to cleanliness, ventilation and the treatment of the poor. Mr. Nield published in the Gentleman's Magazine for

October 1805 an account of what he had seen. This statement gave rise to much controversy, in which Mr. Rigby took a leading part; and whilst many of the charges were denied, the consequence was, that the abuses complained of were removed, and cleanliness, free ventilation and judicious treatment, have ever since maintained health and good order in that abode of poverty and infirmity. The small-pox was prevalent in the same year, and the city felt the benefit of having so enlightened and active a Chief Magistrate, who checked its progress by calling a public meeting, and pointing out the best means of securing a general vaccination. Mr. Rigby feeling on every occasion as warmly interested for the public health and comfort, as the most selfish individuals are for their own safety, continually exerted himself to guard against the ravages of the small-pox; and what he could not accomplish by his persuasive oratory, he endeavoured to gain by a persevering repetition of all the arguments he could devise. Forcibly and often did he urge the necessity of appropriating apartments to the reception of persons casually falling down with the small-pox; but in this instance (I hope a solitary one) he appealed in vain to the judgment and humanity of his fellow Magistrates and Guardians of the Poor. What depended however upon himself for its execution was never withheld. He was the first to introduce

vaccination into Norwich; and he promoted its adoption by every means in his power. At his suggestion the poor were offered a reward for having their children vaccinated, which has contributed less to extend the practice than to ensure its being conducted with regularity. He was made an honorary member of the National Vaccine Establishment, and I believe was never more grateful to Providence for any benefit than for *Vaccination,* which enabled him, by practising it gratuitously amongst the poor of this city to a greater extent than any other individual, to save hundreds of his fellow creatures from disease, deformity and death. A full account of his labours respecting the workhouse and in behalf of vaccination, will be found in his "Further Facts regarding the Management of the Poor," and his "Report of Vaccination in Norwich in 1812 "and 1813."

In 1806 Mr. Rigby was admitted a Fellow of the Linnean Society, his acquirements in Botany and Natural History entitling him to such a distinction; he was subsequently made a Fellow of the Horticultural Society of London. It was his ambition to encourage every measure that could in any way promote science, and he was therefore nominated a Patron to the Norwich Society of Artists. There were indeed few of our institutions, charitable or scientific, with which he was

not connected, few public works with which he had not something to do; and it is surprizing how many duties connected with his public situations he was able to perform, by punctuality, early rising and incessant application. From the local politics of this city, in which men occasionally from good motives do the worst acts, he constantly kept aloof, and never lent himself to any party. Perhaps there is no party which he has not at some time offended by opposing, nor by which he has not been accused of inconsistency, because he was always consistent with himself in following the dictates of his own judgment and conscience; still on all great political occasions Mr. Rigby took a decided part, and throughout life maintained the noble and liberal principles which he had imbibed in his earlier days.

But I delight less to pursue him through the rugged paths of political discussion, than to view him in the bright sun-shine of science, as already has been done, or seek him in the modest shade of agricultural retirement, where I have yet to follow him.

Dr. Rigby had from an early period of his resisidence as a practitioner in Norwich, been possessed of an estate a few miles distant, which he visited almost daily, and improved by building, planting and cultivation. These hours of relaxaation led him more and more into agricultural

pursuits, and as it was impossible for him long to exert his mind upon any thing unproductively, he towards the latter period of his life employed his pen more upon this than any other topic. In 1815 he published "Suggestions for an improved Cul-" tivation of the Mangel Wurzel." The following year Dr. Rigby made his first visit to Holkham Sheep Shearing, where the splendid hospitality of Mr. Coke, and the admirable system of agriculture by which his extensive estate had been converted from a comparatively barren soil to the most rich and exuberant domain in this part of the kingdom, filled him with enthusiasm on the subject. The impressions derived from this visit, the scenes he witnessed, and the observations suggested by them to his mind, were soon committed to paper, and furnished a memoir for this Society, which many now present, who heard it delivered in the most animated style, by the venerable author, cannot have forgotten. This formed the essay published in 1817 under the title of "Holkham, its Agricul-" ture, &c." and the ease and classical style of the writing, as well as the materials, proved that the author still possessed all the warmth, vigour and strength of mind of his earlier years. Notwithstanding this essay was reprinted entire in the Pamphleteer, it has already extended to the third edition, and has obtained most honourable notice in France, Italy, Germany and America. In this

last country the Philadelphia Society for promoting Agriculture elected him an honorary member, in testimony of their high estimation of this work, and their confidence in the author's capacity and inclination to promote the objects of their institution. Arrived at his seventy-second year, he still had the courage to undertake the most laborious task as a writer, by translating from the French of M. Chateauvieux, his Letters on the Agriculture of Italy, which were published in 1819, forming a thick octavo volume. This task was executed with fidelity, and remains a proof of the unexampled zeal and industry of the translator, who expressed the arduousness of the undertaking, by observing, after completing it, that "it is less difficult to write "an original work than to give to a translation the "character of originality."

We frequently find the most active minds seeking solace and ease during their declining years in the beauties of the country, the quiet of retirement, and the care-dispelling scenes of agricultural occupation. Dr. Rigby enjoyed these in a singular degree, and looked forward to his afternoon's visit to his favorite country-house, as a secure retreat from bustle and anxiety. To him the world appeeared concentrated in Framingham; and the harmony, wisdom and beneficence of Nature, were the constant themes of his discourse, as he walked through his grounds, pointing out the fruits im-

proved by his cultivation, the flowers brought from abroad, the trees planted and grown to giant size under his long and frequent inspection. It was there he renovated himself for the more harassing duties of his public life; it was there he delighted to entertain with mutual benefit the scientific traveller, or to feast the visitor with the freshest and choicest fruits of the earth;—for Framingham was equally consecrated to science and to hospitality.

The last work from our lamented associate was one written to perpetuate the beauties of his favourite spot, and was published a year since, under the title of "Framingham and its Agricul-"ture, with the Economy of a small Farm;" a little work which shews the spirit, taste and energy of the author, to have remained with him till the remotest period of life. He was suited to rural enjoyments, by adding to a great love of natural history a singular fondness for fine weather. A beautiful and temperate day afforded him sufficient reason to be cheerful and happy, and he seemed himself to partake of the renovation which all vegetation exhibits in the returning warmth of spring. "The summer," he would say, "is the "true season for the glory of vegetation: long "days, and an ardent sun, diffuse light and heat, "and with the assistance of occasional showers, "the great work of vegetation is perfected; the "leaf expands, the flower opens, the tree grows,

"grains and fruits ripen, the harvest is accom-
"plished, man rejoices and is thankful."

Dr. Rigby was attached to the Norfolk and Norwich Hospital from its first institution in 1771, (when he was chosen one of the assistant Surgeons) to the period of his death, making altogether half a century. He was appointed one of the principal Surgeons in 1790, and for twenty-four years continued to support, as an operating Surgeon, the high character for which the able men connected with that institution have been distinguished throughout the kingdom. Desirous of withdrawing from a part of his professional engagements, he took his degree in 1814, and was then elected one of the Physicians to the Hospital; in the same year he was made one of the Physicians to the Norfolk Lunatic Asylum; and the duties of both these appointments he continued to perform regularly until his death. With the late Dr. Beevor he established also a *private* Asylum for insane persons, which soon became a source of considerable emolument to him, his high character and well known assiduity and humanity attracting many unfortunate cases of mental derangment to his care.

In obtaining private practice, Dr. Rigby owed his emiment success more to the cultivation of his great mental powers, than to what is termed management, or knowledge of the world. His merits

were, notwithstanding, properly appreciated, his rank, acquirements and experience placing him at the head of his profession, in this part of the kingdom, for a long series of years. As Surgeon, Accoucheur, or Physician, he was appealed to in cases of the greatest difficulty. He was constantly consulted at great distances. In short he possessed the confidence of the public in a medical view, to a degree not often obtained out of the metropolis, and rarely have so many of the wealthy and enlightened inhabitants of this city and the county surrounding it, united to heighten the reputation of one man.

In the treatment of disease he was gentle and cautious, and confided sufficiently in the powers of nature. A medical friend whom he attended through a severe illness, made the following remark: "Knowing "the activity of his mind and his love of specula- "tion, I expected to find him at the bed-side fond "of new remedies and active measures, and never "easy unless he was *meddling* with disease. I was "never in a greater mistake. Nothing could be "more plain and judicious than his practice. The "most certain means were employed for the attain- "ment of unquestionable objects, and beyond this "little was done, many a long visit ending in his ad- "vising me to do nothing. Sydenham-like, he never "suffered his speculations to blind or pervert his "observations." Regarding prevention as being

equally valuable as the cure of disease, Dr. Rigby continually advised and practised temperance, activity and habits of industry. He won the approbation of those whom he approached by a natural urbanity of manners, rather than by studied politeness. Trusting the more trifling complaints, about which we are often consulted, to time and to nature, he reserved himself for serious cases, to which his attention was invariably unremitting; and the kind friend, animating companion and skilful physician were combined in him, as often as he approached the bed of real sickness. His humanity to the poor was one of the most amiable parts of his character, and was strongly displayed at every period and in every transaction of his life. He entered the hovel with as little reluctance as the mansion, and till age had visibly preyed upon him, he refused not to visit the lowest of his fellow creatures who sought his assistance. Both as Surgeon and Physician he gave his gratuitous advice to the poor, to the comfort and benefit of a numerous list of sufferers. Fortunate was it for the public, that circumstances existed which prevented Dr. Rigby from retiring completely from his professional pursuits, whilst health and life were spared to him. These circumstances were produced by his love of activity and good works, strengthened by a second marriage in 1803 to a lady, whose natural acuteness and high accom-

plishments adapted her to be the companion of such a man. Twelve children were the fruits of this marriage, *four* of whom (*three* boys and *one* girl) were the extraordinary production of one birth, and were born on the 15th of August 1817. Such a family by their gaiety and cheerfulness would have furnished (had there been need of it) the best antidote to the tedium so often accompanying the decline of life; but to Dr. Rigby they could only afford a stimulus to continue the lucrative practice of his profession, for in his domestic circle it was his nature to be cheerful, and he possessed, even in his old age, a plentiful fund of anecdote, which he diffused amongst his family and friends in the simplest and most agreeable style.

In tracing the history of this remarkable man, there is such a variety of materials, that, in order to approximate those relating to each other, I am obliged repeatedly to retrograde, instead of noticing events in chronological order. The Norwich Philosophical Society, which now boasts so many respectable members, had its small beginning at the instigation of the late Dr. Reeve, in October 1812. Dr. Rigby immediately joined it, and in the following year read two essays upon coloured light or shadows, containing many singular and original observations, which have never been published. In 1815, the Society having resolved,

instead of electing a Member to the Chair at each Meeting, to have one President for the whole Session, the Members present, with one voice, nominated Dr. Rigby as the proper person to fill the honourable situation, on account of his great talents, venerable age and ardent encouragement of science. During seven succeeding Sessions Dr. Rigby was unanimously chosen to the same office, and the dignity, regularity and patience with which he filled the situation will cause his memory to be revered by every individual amongst us, who partakes of the pleasure and instruction which our meetings rarely fail to afford. Besides the account of his visit to Holkham, which has been before adverted to, Dr. Rigby furnished, less than a year ago, a fourth essay on "Inflammable "Air or Hydrogen Gas," in which he took an able view of the chemical and physical properties of this air, and the numerous purposes to which it has been or may hereafter be applied in science, manufactures and domestic œconomy. This paper was delivered with much force and animation by the author, when he had just completed his seventy-third year, and it was the last essay which he wrote upon any subject.

Dr. Rigby had enjoyed a life of almost uninterrupted health, which he maintained by an originally strong constitution and the strictest habits of temperance. If in any respect he was

intemperate, it was in his bodily and mental exertions in performing public and professional duties, from which he seldom relaxed. Until a very advanced period of his life, he was so little acquainted with fatigue, that he never expressed himself to be weary whilst any thing remained for him to do, and in spite of the incessant bustle in which he lived, his mental and bodily powers were apparently so little diminished in vigour, as to promise to his friends the enjoyment of his residence amongst them for many years to come. When his brother-in-law, the celebrated Dr. Parry of Bath, was seized with a paralytic stroke in the October of 1816, Dr. Rigby was so much affected by it, that the melancholy event which so suddenly checked the useful career of that most able man dwelt continually upon his mind, and he began to curtail still further his already sufficiently temperate allowance of drink and food. A mild malt liquor, the only artificial beverage he had for many years allowed himself, was relinquished for water; and the quantity of animal food he took, at all times moderate, was diminished. With this regimen Dr. Rigby continued to perform his usual avocations as Physician and Magistrate, and seldom omitted to close an active day by a visit to his country-house. Still no changes were perceptible in him beyond the usual and gradual effects of old age, until the summer of the

present year, when his friends observed him to be evidently declining, drooping in posture, and wasting in body and limbs. In this state, however, he still possessed his usual vivacity of mind, and his professional avocations seemed to renovate him and call forth new energies; but he was languid afterwards, and required more than his usual rest to restore him for the occupations of the following day. On the Wednesday previous to his last illness, after seeing patients in the town, he performed a journey of sixty miles in the country; the next evening he presided as usual at this Society, and exercised the same patience and attention to the subject discussed as he had invariably been accustomed to do on former occasions. After spending the Friday actively abroad, he retired early to bed, with the most distressing feelings of sinking and languor. The pulse became intermitting and most irregular. Wine, in quantities that would at other times have intoxicated him, produced no effect. An intermitting pulse, with slight palpitation of the heart, to which he had for the last twenty-five years been occasionally subject, had impressed him with an idea of organic derangement in the heart or great blood-vessels being the cause of his symptoms, and under these impressions he resigned himself to the fatal result, which he deemed unavoidable. Accustomed to the enjoyment of almost uninterrupted health, he commonly bore with impa-

tience all slight complaints which interfered with his professional and literary pursuits; but on this occasion there was a degree of coolness and resignation that augured unfavourably, as if he were attacked by an overpowering enemy, against whom it was in vain to contend. If however, like other men who have fewer motives for living, he wished to live, unlike many, he feared not to die; and if the last moments of his good life were embittered by any painful feeling, or the calmness with which he resigned himself to his sensibly approaching end for a moment disturbed, it was by the reflection that an amiable widow and eight children would survive, to need his guidance and protection. On the Monday an extreme degree of jaundice appeared without relief. The mouth became parched—the secretions diminished, and almost ceased—the breathing was so slow that nature seemed to hesitate about going on—nights of delirium were followed by days of transient sensibility and possession of mind. In this hopeless state, most painful to witness, though without pain to himself, he continued until the following Friday, when all the symptoms of dissolution seemed to be at hand. Still he lingered till next day, the 27th October, when the struggle ended—he was no more! The friend of science and of humanity fell under the resistless hand of Him who gave us life!

The lifeless fabric was explored, in the hope of determining to our satisfaction the unavoidable cause of the fatal termination. Besides an adhesion of the pleura at the upper part of the right lung, in consequence of inflammation at a remote period, there was no morbid appearance in the cavity of the chest. In the size and appearance of the heart there was nothing preternatural, and its valves, as well as the great vessels leading from it, were perfectly healthy. The right auricle and ventricle were occupied by one continuous mass of bright yellow fibrine, of remarkable firmness, passing into the irregularities of the auricle, and between the columnæ carneæ of the ventricle, so as not to be removed without great difficuly. This was so firm and even tough, that it must have been several days forming, during the languid and irregular state of the circulation. In the abdomen all the viscera had a healthy appearance, save the liver, which was no otherwise deranged than from a tinge of bile; in the gall bladder there was a considerable gall stone; but the gall ducts were pervious, and could have suffered no other obstruction than what might arise from viscid bile. What struck us most on laying open the cavity of the abdomen was the smallness of all the hollow viscera, the thinness of the omentum, and the little quantity of adipose substance about them. The stomach was contracted and empty. The ileum,

instead of being distended with air, in addition to its other contents, was also contracted and nearly empty. The jejunum in most parts was not larger in diameter than my little finger. The colon and rectum were equally contracted and void of contents, so that the duodenum was larger than any other part of the intestinal canal. From these researches I am persuaded that too great abstemiousness, joined with excessive mental and bodily exertion, and the diminished power attendant upon accumulated years, untimely took from us a man for whom nature had marked out a longer existence.

The remains of our lamented associate were unostentatiously conveyed to the church-yard adjoining his favourite residence at Framingham, where the thick and lofty plantations he so long watched the growth of, are the only objects which shelter and adorn the spot. One of the many friends who have visited his grave, conceived a most appropriate and expressive couplet for his tomb-stone:

> A monument for RIGBY do you seek?
> On every side the whispering woodlands speak.

In turning from the solitude and silence of the grave, to speak again of the living man, I wish I could describe his character as perfectly as I knew it. To the most unbounded philanthropy he joined a zeal which overcame him on certain occasions, a

retentive memory, extensive reading, quick recollection, and an imagination ever active and productive. Above all, he was without affectation, and scarcely possessed the ordinary caution that is obtained by intercourse with the world; his few errors and faults were consequently all before the public; his very secrets were talked of by him in the streets at mid-day. There was in short less guile in him than in any man I ever knew. That which he thought right he would on all occasions fearlessly pursue, nor could abuse suffered, opposition offered, or injury sustained, drive him from the good purpose he had undertaken to execute. His boldness and originality marked him for a public character, and enabled him to become conspicuous in society as physician, philanthropist, magistrate, philosopher, politician and agriculturist. Warm as were his feelings of regard and of dislike, no resentment excited in him was ever so strong that it could not be subdued, no offence committed against him so great that it could not be forgiven, and he never advanced so far in the path of error that he would not on conviction retrace his steps. Adorned by philosophy, he adorned it in return. The point which falsely judging philosopers have attempted to teach us to aim at as the highest in human attainment, was that which he sat out from at his birth, and removed further from as he advanced in life—I

mean *indifference.* Rigby was indifferent about nothing. No human being so abject in situation, so remote in place, that he would not sympathize with his wants and feel disposed to relieve them; no worm so insignificant that he would not save it from ruin, if innoxious to surrounding creation; nay, it would vex him if even a plant were placed out of the rays of a genial sun or in an unfit soil. Indifference it may be well for an inferior individual to aim at, shut up within himself, and meditating only how he shall pass through life with the least annoyance; but *Rigby's* mind was too noble to regard self alone; he sought to find out truth—to originate good—to advance knowledge—to diffuse happiness—how could *he* be indifferent? Had he been a statesman, he would have benefitted nations—a merchant, his genius and powers of invention would have brought fresh treasures to our shores. In whatever branch of human pursuit such a man engaged, he was sure to improve it; and fortunate may it be considered that he embraced a liberal profession, in which it was consistent to administer personally to the comforts of so great a variety of classes in society, and at the same time to pursue extensively and successfully the various branches of literature and science. There may be those who have pleased more, who have offended fewer, but rarely shall we meet with the man who has benefitted so many.

In contemplating Dr. Rigby as the President of this Society, to which honourable office he was seven succeeding sessions elected, we must consider him as having greatly contributed to its continuance and prosperity, by the part he took in our discussions, the papers he furnished, and the dignity and urbanity he exercised in the chair assigned him. He was so regular in his attendance, that there are few evenings on which he was not present; so punctual, that he was always ready to receive us; in short, he was so identified with this Society, that a time must elapse ere we can persuade ourselves that it exists without him. To encourage the junior members, to elicit the vivid sparks of eloquence from the more experienced, and to bring to light the first openings of genius and acquirement, in whatever class they might be found, was his constant endeavour; and every new member added to our list brought a fresh pleasure to his breast. Let his bust ornament the room consecrated to our intellectual meetings, as the friend of science and its useful cultivator. With us he delighted to spend his life—with us he finished it; the last discussion in which he took a part, the last evening of pleasure that he spent abroad, was *here*—and of him most truly may it be said:

"Habuit eundem finem vivendi ac philosophandi."

Thus, Gentlemen, at your command, have I

endeavoured to perform a last and most trying duty to a friend, whom I admired for his talents, esteemed for his virtues, loved for his open and disinterested conduct through life. In the different feelings which thus crowd together for the ascendancy, I know there are many present who participate with me; but those only can feel to the full extent what I do, who were equally intimate with him in his public vocations and private habits. To me his memory will ever be dear, and a lively impression of his person, mind and character, will remain with me to the latest period of life. The course of nature must proceed. Time makes impression on the strongest body, united to the strongest mind. The best and wisest men must soon cease to live—save in the recollection of surviving friends. Yet even in the bitterest grief there is a luxury, which they can best express whom time has robbed of those they valued the most highly. Although a tear suffuse the eye on every such occasion, how often do we delight, secluded and absorbed, to picture to ourselves the form of our departed friend—his gesture, gait—his lineament of feature—perchance to hear him speak, advise, instruct—recount the tales that have before amused us—and so on; till the overstrained imagination bursting, destroys the sweet delusion, and restores us to *the world where he is not!*

NOTICE.

The following account of the life of the Author of the Essay on Uterine Hæmorrhage was read at the Norwich Philosophical Society a few weeks after his death. Many of its passages and much of its tone require the time, the place and the occasion of its being delivered, to render them appropriate; but as whatever is written in one form, and for one purpose, is seldom fashioned for another without being spoiled, it has been thought best to print the paper in its original shape, and leave the reader to imagine himself a Norwich man, attending a meeting of its Philosophical Society on the death of the President, who at the preceding meeting filled the Chair.

AN

ESSAY

ON THE

UTERINE HÆMORRHAGE.

No circumstance that attends parturition exposes women to so much danger as profuse Hæmorrhages from the Uterus towards the latter end of pregnancy, and in the time of labour; the art of midwifery has, likewise, in no instance, been more at a loss in the use of means for the relief of the patient; an enquiry into the causes of them, and an attempt to improve the practice in such cases, cannot, therefore, be useless.

The treatment of floodings that come on before the Uterus has acquired any considerable size must be very obvious, and the consequences of them at that early period of pregnancy are seldom to be dreaded, as if the patient lose blood from the arm, be kept cool, and in an horizontal posture, and such mild, astringent, and anodyne medicines be administered to her as have been found, by experience, to restrain discharges of blood, they will very frequently stop entirely, and the woman go on to her full time: and if this should not be the case, but the Hæmorrhage should still increase, it will seldom increase to a degree that will endanger the life of the mother, without the small fœtus and secundines being separated and thrown off by it, after which the Uterus will soon contract, and thereby closing the mouths of the bleeding vessels, the discharge will gradually diminish till it be entirely stopped: the surgeon has, therefore, in these cases,

nothing

nothing manual to do; for, notwithstanding it has been recommended by *Mauriceau** and *Deventer*,† and it is said to be the practice of some to endeavour to bring away the fœtus by art, even in the earliest months, I am persuaded, from experience, that it is never necessary, and were it even necessary, I cannot conceive it possible to do it with the hand.

But floodings that precede the delivery of the full-grown fœtus, when the Uterus is arrived at its greatest stretch, and the vessels have acquired their utmost magnitude, must be ever highly dangerous, being more profuse, and more difficult to suppress, in proportion to the increased size of the vessels: insomuch, that the number of instances in

* Traitè des Maladies des Femmes grosses, sixième edition, Livre I. Page 171.

† Observations importantes sur le Manuel des Accouchemens, traduits du Latin, Chapitre XXXIII. Page 192.

which they have unhappily proved fatal is very considerable.

Most of the authors whom I have read on this subject describe these cases as particularly embarrassing, and seem alike to acknowledge, that they have always been at a loss, when such have occurred to them, to determine, with any degree of certainty and satisfaction, which of the two methods of practice hitherto recommended it has been most proper to adopt; whether to endeavour to restrain the discharge by the means before mentioned for that purpose, and leave nature, by her own efforts, to expel the child, as is the case in floodings of the early months; or at once to introduce the hand into the Uterus, and bring it away by art. This doubt about the propriety of waiting, or the necessity of removing the contents of the womb, they say, is ever owing to the uncertainty of knowing the quantity of blood that has been lost; and

if

if it were known, to the impossibility of ascertaining the degree of loss that a woman might sustain without manifest risk of life.

They all however agree, that when the discharge becomes very profuse, and such a considerable quantity of blood has been lost as threatens the immediate death of the patient, that nothing but a speedy delivery will give any chance of preventing it, and have given us cases wherein the bringing away the child by art has been attended with success; they likewise inform us of others, in which waiting and pursuing the usual palliating means has been justified by the natural pains having come on, and the child having been timely expelled by them; moreover, where both methods have been used a great number are related which, nevertheless, proved fatal; but no particular reasons have been given why the different methods of

of practice were used, why the same methods, in some cases, have succeeded, and in others, apparently similar, have failed; nor have any hints been suggested to us which might lead us, at the beginning of the complaint, even to a probable conjecture, whether the Hæmorrhage be of that kind which requires the turning the child, or not.

We need not be surprized then to find, that, upon a subject of such acknowledged uncertainty, there should be some writers who give the most opposite advice; for as it is reasonable to suppose that the surgeon who has lost a patient by too long waiting for the natural pains, will, in all future cases, think it right to turn the child upon the first attack of the complaint, so it is equally natural to suppose that another, who has had several that have terminated safely without turning, will think it seldom necessary: thus, to instance

stance but two, *Chapman** invariably recommends the delivery by art upon the first coming on of the complaint, and *Puzos*† advises always to wait for the natural pains, which he believes will rarely fail of putting a safe end to it.

It is said that a late eminent lecturer in midwifery, in London, directed his pupils not to be too hasty in checking the discharge, as he imagined some cases that fell under his notice turned out better by suffering the vessels to unload a little, than others did in which means were used to restrain it upon the first attack.

Another, (who is likewise lately deceased) not less capable of judging upon the subject, acknowledged himself totally at a loss what

* Essay on the Improvement of Midwifery, chiefly with Regard to the Operation. 1733.

† Memoire sur Pertes de Sang.

to

to advise, and said that surgeons must, in a great measure, be left to their own discretion when such cases occur; but, speaking in general terms, he thought it right at first to endeavour to check the Hæmorrhage, and wait for nature's assistance by pains, and if they should not come on, the flooding should increase, and the woman grow weaker, it was then right to have recourse to delivery by art.

It is hardly necessary to observe, that contrary as these directions are one to another, they must all in their turns be improper, as they are guided by no fixed rules; and if no information be, therefore, to be had than what can be collected from books, and no other directions are to influence our practice than the vague ones we have mentioned, it will ever be uncertain, it must frequently be unsuccessful; for we must either wait undetermined what to do till the discharge becomes

very

very profuse, and so much blood is lost as renders what we then do probably useless, or we must do it before much loss has been sustained, at a time when the patient appears to be in no danger, and when we cannot have the satisfaction of knowing that nature will not be able herself to expel the child, and that the turning is absolutely necessary: the timid practitioner, encouraged by no certain guide, and cautiously afraid of giving his patient unnecessary pain, we may reasonably suppose will, for the most part, be guilty of the first error; while another, who is more precipitate, will, through a desire of preventing the danger of delay, as often, make use of painful means, when the efforts of nature, assisted by more gentle methods, would probably be equally successful; and, at the same time, he will likewise unnecessarily expose his patient to the danger which a too early delivery may, possibly, occasion.

To remove the uncertainty and embarrassment which have hitherto attended the practice in these cases, and determine on more fixed and rational principles, when it is safe to wait for nature's endeavours to expel the child, and when it is absolutely necessary to bring it away by art, would, therefore, certainly be an important improvement in midwifery.

For this purpose two things appear to be indispensably necessary; first, to know the reason why, in cases that have began exactly alike, where the discharge, pulse, and faintness have appeared the same, and there has been no remarkable difference in the age, strength, and constitution of the patient, and the same treatment has, likewise, been made use of, they have, nevertheless, in the end, turned out quite differently; why in some the discharge is restrained by using the

common

common palliating means, and the labour terminates safely by waiting for nature to empty the womb; and in others, notwithstanding the use of the very same methods, it increases to a degree that exposes the woman's life to the most immediate danger, and thereby renders the turning of the child necessary: and, secondly, to be able to procure this information as early as possible after the coming on of the Hæmorrhage, so as to enable us to determine with certainty, before too much blood has been lost, whether it be right to endeavour to restrain it by the means before mentioned, or to proceed at once to delivery.

A KNOWLEDGE of the true causes that produce floodings will give us all the information, which I have considered as the *first* requisite towards an improvement in the practice; for though it has been little noticed by those who have written upon the subject, they certainly

arise from two very different causes, which are very different in the danger they produce, and which require a very opposite method of treatment.

Floodings have, indeed, heretofore been considered as arising from two different causes, one alone of which was supposed dangerous, a distinction having been made, by some authors, between the discharge which came from the Vagina, and that which proceeded from the Uterus; and when it came from the Uterus, they also distinguish whether it came from the bottom or the orifice of the womb, by which was only meant, whether it was occasioned by a separation of the Placenta, or whether it was owing merely to a rupture of the vessels of the Vagina or Os Uteri, produced by the distension of labour. This distinction, to those who are the least conversant with practice, must appear trifling, as no bleeding of consequence

sequence enough to deserve consideration ever comes from the latter, and that which is the object of the present enquiry always proceeds from the Uterus.

THE separation of the Placenta from the Uterus before the delivery of the child, and the consequent opening of its vessels, must, therefore, be looked upon as the proximate cause of every considerable discharge of blood from the womb at that time; but this premature separation of it may be produced from very different causes, and it is a knowledge of this difference that will, in my opinion, remove the difficulty of ascertaining the reason why the same apparent complaint should, very often, so widely differ in its termination, and at the same time remove also the uncertainty of treating it.

THERE is no particular part of the Uterus to which nature seems constantly and uniformly

formly to fix the Placenta; it is, nevertheless, for the most part, so situated, that if the woman be healthy, and no accident befal her, it does not separate until the full term of pregnancy, nor then before the entire expulsion of the child, after which it becomes disengaged from the Uterus, and is thrown off, making room for its entire contraction, which shutting up the mouths of the vessels, effectually prevents any considerable loss of blood; for which purpose, it is plain it must be fixed to some part of the womb which does not dilate during labour; namely, to the fundus or sides of it.

In this case, then, when a flooding comes on before the delivery of the child, it is obvious that the separation of the Placenta must be owing to some *accidental* circumstance, to violence done to the Uterus by blows or falls, to some peculiar laxity of the uterine vessels from badness of habit, or fever,

or

or to some influence of the passions of the mind suddenly excited, such as fear, anger, &c.

But, from the uncertainty with which (as before observed) nature fixes the Placenta to the Uterus, it may happen to be so situated, that when the full term of pregnancy is arrived, and labour begins, a flooding *necessarily* accompanies it, and without the intervention of any of the above *accidental* circumstances; that is, when it is fixed to that part of the womb which always dilates as labour advances, namely, the Collum and Os Uteri, in which case it is very certain that the Placenta cannot, as before described, remain secure till the expulsion of the child, but must, of necessity, be separated from it in proportion as the Uterus opens, and, by that means, an Hæmorrhage must *unavoidably* be produced.

That

That floodings, which arise from these two different causes, which I will distinguish by the names of *accidental* and *unavoidable*, though they may appear exactly similar in their first symptoms, should terminate very differently if left to nature, assisted only by the palliating means before mentioned, cannot seem strange; nor can it be a doubt that of these two kinds of floodings only one of them, namely, that which is produced by an *accidental* separation of the Placenta, can be relieved by the use of these palliatives; and that the other, in which the Placenta is fixed to the Os Uteri, and the flooding is therefore *unavoidable*, cannot possibly be suppressed by any other method whatever than the timely removal of the contents of the womb; for supposing the discharge to be for a while restrained by bleeding, medicine, cool air, &c. it will inevitably return when nature is so far recovered

as

as again to bring on labour: in the first case, if the Hæmorrhage have been checked by the use of the above means, it is not impossible but labour may come on, and the child be safely expelled by the natural pains before it returns, or if it should return, it may not increase in quantity; as in this case, very probably, the separated part of the Placenta, which occasions the discharge, remains nearly the same; whereas, in the other case, in which the dilatation of the Os Uteri produces the separation of the Placenta, every return of pain must be a return of the bleeding, and it must become greater and greater as the Uterus opens more and more, and the Placenta is in proportion detached, till it increases to a degree that exhausts the patient, and she dies before nature has been able to expel the child. That such must inevitably be the progress and event of floodings arising from such a cause, if left to nature, is too obvious to be further insisted on.

That this attachment of the Placenta to the Os Uteri is much oftener a cause of floodings than authors and practitioners are aware of, I am from experience fully satisfied; and so far am I convinced of its frequent occurrence, that I am ready to believe that most, if not all, of those cases which require turning the child, are produced by this unfortunate original situation of it; and, moreover, (which is perhaps of as much practical importance to know,) when the Placenta is not so situated, the events of the annexed cases authorise me to say, that if the patient be properly managed, nature will, for the most part, terminate the labour safely, without any manual assistance of the surgeon: and, independent of the proofs which experience gives, it seems reasonable that in the latter case it should be so; for those who are much conversant with the difficult part of midwifery, must have observed how much more nature is able to do

for

for her own relief than is commonly imagined, and how, unexpectedly, she will sometimes effect what art has been, a long time, in vain attempting. If we add to this, that when any dangerous circumstance affects the Uterus, nature ever makes some effort to remove it, need we be surprised, that in these cases, when the Placenta is not at the mouth of the womb, and there is, therefore, no impediment to its dilatation, and the expulsion of the child, she should, for the most part, safely effect both?

I HAVE the satisfaction of adding two very respectable authorities in further confirmation of what I have just said; the one is of Mr. Charles White, of Manchester, and the other of Dr. John Aikin, of Yarmouth, gentlemen well known both as practitioners and as writers. Mr. White, who has had the most extensive practice in midwifery, as there was a time when almost all the diffi-

cult cases, not only in Manchester, but in a very populous neighbourhood through a large circuit of many miles, fell under his care, and who is therefore well qualified to judge upon the subject, tells me, "That the distinction I make between floodings which are *accidental*, and those which are *unavoidable*, perfectly agrees with his experience in such cases; and that he is very clear that few, if any, of the former require turning and delivery by art." And Dr. Aikin, whose practice in midwifery has also been considerable, says, "That he has never had occasion to use forcible dilatation and turning, except where the Placenta has been found at the mouth of the Uterus."

There are not, indeed, wanting relations of cases in which the Placenta has been found at the mouth of the Uterus, but it was usually supposed to have been separated from some other part of it, and pushed down

into

into that situation by its own gravity, and the force of the natural pains; and some have even denied the possibility of its ever being originally fixed there.

*Mauriceau** has a long chapter on this subject, and has related a great many cases of floodings in which he found it necessary to turn the child, and in which the Placenta presented; but he supposes that where this is the case, that it is ever wholly detached from the Uterus; and considering it, therefore, as a foreign body, he recommends that it should always be immediately brought away, unless the membranes adhere so strongly to it and to the Uterus as to endanger the latter by the removal of it.

La Motte† relates several cases of this

* Traitè des Maladies des Femmes grosses, &c. sixième edition, 1721.

† General Treatise of Midwifery, translated by Tomkyns, 1746.

kind;

kind; but he likewise supposes, that when the Placenta is thus situated, that it is wholly detached, and advises, therefore, that it should be brought away before the delivery of the child.

In *Portal's* Cases in Midwifery there are eight in which he was under the necessity of delivering by art, on account of dangerous Hæmorrhages, and in all of them he found the Placenta at the mouth of the womb.

*Dionis** says, "That the after-birth sometimes loosens before the membranes, which contain the waters, are broke, and when the infant turns itself it is to be found at the internal orifice of the womb."

Ruysch† says, "It is well known that the

* Treatise of Midwifey, translated from the French, 1719.

† Practical Observations in Surgery and Midwifery, English Translation, 1751.

Placenta

Placenta Uterina sometimes *prolapses* or *subsides* before the fœtus in the time of parturition."

*Deventer** relates, that when the Placenta is detached from the Uterus, it is usually found at the orifice, to which it descends by its weight, "*ou son poids l'entraine;*" he calls it likewise, "*la chute,*" the falling down of the Placenta; and he further says, speak-of a woman flooding in labour, "*Il la faut accoucher promptement et sans attendre a la extremitè si l'on connôit par l' attouchement, que la Placenta est* tombè *a la orifice.*"

Giffard† has more than twenty cases where the Placenta was found at the Os Uteri; but he plainly supposes that it had not been originally fixed there, for he says,

* Observations importantes sur le Manuel des Accouchemens, traduites du Latin, 1734.

† Cases in Midwifery, 1734.

"It

"It is customary in floodings to find the Placenta *sunk down* to the mouth of the womb."

Smellie, in his first volume of midwifery, more than once mentions the possibility of the Placenta being fixed to this part of the Uterus, and in his third volume describes several cases in which it was there situated; but there are no practical inferences drawn from them, nor, in his directions about the management of floodings, are there any rules given relative to this situation of it.

In a Treatise on Midwifery, by Benjamin Pugh, published in 1754, is the following observation on this subject: "*The Placenta sometimes loosens before the membranes, which contain the waters, are broke, and by the child's turning itself, it is sometimes found to present at the mouth of the womb, and it is to be known by the

* Page 112.

"touch

" touch from the membranes, head, or any
" part of the child, by its being a soft spongy
" body, without form, and quite different
" from the flesh of the child, which is always
" more solid; so that, since it is of no use to
" the child, but the reverse, from the moment
" it is separated from the womb, the operator
" must slide his hand on one side, break the
" membranes, let out the waters, and extract
" the child by the feet immediately. If the
" membranes are broke, and the Placenta in
" the passage, you must first bring that forth,
" and then extract the child."

There is a similar case related by *Dr. D'Urban*, in his Latin Dissertation on the Hæmorrhagia Uterina, which he evidently considers as a most unusual one; for, speaking of the Placenta being there situated, and thereby producing the flooding, he says, "*singularem* Hæmorrhagiæ hujus causam fuisse."

In *Levret's** Treatise on Midwifery, published at Paris a few years ago, there is a very excellent dissertation† on this subject, in which the author proves, from very satisfactory reasoning, that the Placenta may be situated on the Os Uteri without having been previously separated from some other part of it, and pushed down there: he illustrates this by four cases, in which the Placenta was attached to the Os Uteri; two of which were under his own care, another was communicated by a friend, and the last was taken from the relation of a dissection of a gravid Uterus, published in the Memoirs of the Royal Academy of Sciences at Paris in 1723, in which the Placenta was found there situ-

* L'Art des Accouchemens, &c. par M. Andrè Levret, troisieme edition, 1766.

† Dissertation sur la Cause la plus ordinaire, et cependant la moins connue, des Pertes des Sang qui arrivent inopinement a quelques Femmes dans les derniers Tems de leur Grossesse, et le seul et unique Moyen d'y remedier efficacement. Page 353.

ated

ated, and had been the cause of an Hæmorrhage, which proved mortal.

Dr. Hunter, in his beautiful engravings of different views of the gravid Uterus, lately published, has one in which the Placenta was found at the Os Uteri, and had been the cause of a fatal flooding.

THERE are likewise several cases of floodings in which the Placenta was situated on the Os Uteri, related in *Leroux** Observations on Hæmorrhages, which happen to women in labour; but, as his principal design was to consider the nature and management of Hæmorrhages which occur after the expulsion of the child, he takes but slight notice of this peculiar circumstance.

* Observations sur les Pertes de Sang des Femmes en couches et sur le Moyen de les guerir, par M. LEROUX. A Dijon, 1776.

More authorities might still be produced to prove that the Placenta has been often found in this situation, but these are sufficient; and I have not the least doubt but in all of them it was *originally* fixed to the Os Uteri; it is possible, indeed, if the womb open with unusual facility and quickness, and the woman, through a peculiar constitutional strength, be able to support the loss of blood which must necessarily be produced by it, that the Placenta may become wholly detached; and its having been sometimes found lying loose there, is, undoubtedly, the reason why it has been supposed to have been separated from some other part of the womb, and to have fallen down into that situation: the impossibility of such a circumstance will, however, be very evident, if we consider the anatomy of the gravid Uterus; for the Spongy Chorion,* which, by

* This fine cellular substance, which is the connecting medium between the Uterus and the Chorion, and through which

by an universal adhesion, connects the membranes to the Uterus, and which is an expansion of the surface of the Placenta, must effectually prevent the latter from changing its place, whilst the former remains unseparated, which I am convinced, from several dissections, it always does till the expulsion of the child; indeed, there must be a partial separation of this membrane, in the space between the Placenta and the Os Uteri, to allow of the discharge of blood into the Vagina; but there must be an entire separation of it, above as well as below the Placenta, to admit of its falling down, which, I should suppose, could never take place before the delivery of the child.

which an infinite number of vessels ramify, was described by the late Dr. M'Kenzie, under the name I have used, but it is sometimes called the *Membrana Cribriformis;* and I find Dr. Hunter, in his anatomical plates of the gravid Uterus, gives it the name of *Decidua.*

It may appear extraordinary, that a circumstance, attended with so much danger, and which seems to be so frequent a cause of the Uterine Hœmorrhage, should have hitherto been so little noticed; for though, in the cases which have been just alluded to, the Placenta, was found at the Os Uteri, yet it was, in very few of them, supposed to have been *originally* fixed there, and I make no doubt but it has often happened when it has not been known at all to the surgeon, as I am induced to believe, that in the greatest number of those instances in which the women have died undelivered, the floodings have been produced by this attachment of it: but this is easily accounted for, when we consider, that it is very rarely that a surgeon has an opportunity of opening the gravid Uterus after death, that there are very few symptoms in the course of the complaint which might lead a person, unapprized of its frequent

frequent occurrence, to such a conjecture, and that in the early part of labour, when the Uterus is high in the Pelvis, and the Os Tincæ is very little open, it is not discoverable by the usual mode of examination: we may also add, that in those few cases where there has been sufficient strength to admit of its being completely open, the Placenta must have been found loose; and, moreover, (which is perhaps the principal reason) that the number of floodings which happen, when compared to the number of labours, is so small, that very few must come under the notice of those who are engaged only in private practice, not enough, probably, in their whole lives, to draw their attention sufficiently to the subject, or to make them competent judges of it.

Admitting, then, that floodings are produced by these two different causes, and that they require a treatment so widely different,

we

we cannot be at a loss when such occur to us, and we have discovered the particular cause from which they arise, how to act; as, in the one case, we shall be encouraged to wait, and make use of such means to restrain the discharge as will be more particularly mentioned hereafter, and in the other we shall not hesitate to have recourse to delivery by art; for it is very obvious that the want of success which has so often attended the turning the child, when such has been thought necessary, is to be attributed to the operation having been too long delayed, rather than to any real danger that attends the cautious performance of it; as if it be not attempted, as usually happens, till the woman be well nigh exhausted, it must certainly be a doubtful matter whether she lives through the operation, or, if she survive that, whether the debilitated Uterus will be able to contract itself when its contents are removed, so far as to put an entire stop to the discharge.

The

The chances under such circumstances being then so unfavourable, no wonder that the most cautious and skilful turning of the child has so seldom been attended with success.

The success of turning depending, therefore, entirely upon its being done before the patient has lost too much blood, it is a matter of the utmost importance to obtain an early knowledge of the necessity there is for doing it, or in other words, to know at the beginning of the discharge, whether it be produced by the Placenta being situated on the Os Uteri, or not, which is the *second* circumstance I before considered as essentially necessary to enable the surgeon to practice with certainty in these cases, and concerning which I shall now endeavour to give some directions.

There is, perhaps, some difference to be observed in the time and manner that flood-

ings, produced by these different causes, come on; probably that which is occasioned by the Placenta being fixed to the Os Uteri, will, for the most part, not come on until the full term of parturition, when the Uterus begins to dilate from the approach of labour; the other, which is owing to some accidental separation of the Placenta, may, on the other hand, come on before labour begins, and indeed at any time during pregnancy; and, possibly, were we to be very nice in our enquiries, it might be accounted for by the patient's having received some external injury, having suffered by a fever, or undergone some sudden and considerable fright, &c. but as these, with other symptoms that might, very likely, be enumerated, are at best but vague and equivocal, and as also, though the Placenta be situated at the mouth of the womb, it may, nevertheless, sometimes be separated by the same accidental means which detach it when otherwise situated, the

only

only certain knowledge respecting its situation is to be derived from an examination of the Uterus by the touch.

For this purpose, however, the usual method with one finger, will not always suffice, but the hand must be introduced into the Vagina, and one finger insinuated into the Uterus;* for in several of the following cases it will appear, that though the women were frequently examined in the usual way, the Placenta was not discovered till the hand was admitted for the purpose of turning the child. If this be done slowly and cautiously,

* I have had an opportunity of seeing an accurate copy of the late Dr. Young's very excellent Lectures on the Theory and Practice of Midwifery, and though he takes no notice of this singular situation of the Placenta, he advises in floodings always to examine the state of the Uterus, by introducing *the hand into the Vagina;* the reason he gives for it is, that the coagulated blood, which is usually found in the passage, renders it impossible to feel the Os Uteri with sufficient distinctness by the finger alone. If, then, it be right when the situation of the Placenta is not an object of enquiry, the propriety of my recommending it above must be very obvious.

and the hand be properly lubricated, it will seldom give the patient much pain; but if it should give some pain, as it is to obtain information so essentially necessary to her safety, that ought never to induce us to omit doing it, or to do it imperfectly: if the Placenta be at the mouth of the Uterus, it will be immediately felt by the finger, and may be distinguished from the membranes by its greater thickness, and from coagula of blood, by the irregularity and roughness of its interior surface, which will then present to the finger.

It must be acknowledged, indeed, that it may sometimes happen, that at the very first coming on of the complaint, if the discharge be small, and more especially if it be the patient's first child, and the parts be close and unyielding, the admission of the hand into the Vagina, as I have directed, will be attended with the utmost difficulty, and, perhaps,

haps, be almost impracticable:---in this case let us wait (but let it be with the patient) till the discharge increases, or has continued long enough to relax the parts; for certainly, if the woman be able to bear losing a little blood, which at first she may safely do, the examination will be thereby rendered more easy, and the turning of the child, if necessary, be more practicable and safe.

Supposing, then, that the Placenta should, from this enquiry, be found at the mouth of the womb, the surgeon will be at once convinced of the danger that must unavoidably attend delay, from the impossibility there will be of affording the woman relief by any other means than the timely removal of the child, and will, on that account, not hesitate to deliver before too great a loss has been sustained.

In recommending early delivery, I think it right, however, to express a caution against the

the premature introduction of the hand, and the too forcible dilatation of the Os Uteri, before it is sufficiently relaxed by pain or discharge; for it is, undoubtedly, very certain, that the turning may be performed too soon as well as too late, and that the consequences of the one may be as destructive to the patient as the other. I am particularly led to observe this, as I have lately been informed, from very good authority, (namely, a gentleman to whom one of the cases occurred) of three unhappy instances of an error of this sort, which happened some years ago to three surgeons of established reputation, who from the success they had met with in delivering several who were reduced to the last extremity, were encouraged to attempt it where but very little blood had been lost, in hopes that their patients' constitutions would suffer less injury, and their recovery be more speedy; which, till the experiment was made, was a very reasonable supposition. The

women

women died; and they seemed convinced that their deaths were owing to the violence of being delivered too soon, and not to the loss of blood or any other cause.

It becomes then necessary to endeavour to ascertain, with a degree of accuracy, the precise time when we may proceed to deliver, without fear of incurring the ill effects either of precipitancy or delay.

It has been advised never to introduce the hand till nature has shewn some disposition to relieve herself by the dilatation of the Os Uteri to the size of a shilling, or a half crown; and this rule is certainly founded on a rational principle; for when it is so much dilated, there is no doubt but the turning may be easily and safely effected; but from some of the annexed cases it appears, that a dilatation to this degree sometimes does not take place at all, and that even when the woman

woman is dying from the great loss of blood, the Uterus is very little open; the reason for which seems to be, that when the discharge has been considerable, and more particularly when much blood has been suddenly lost, such a faintness is brought on, that though the Uterus be totally relaxed, and might therefore be opened by the most gentle efforts, yet nature is unable to make use of those efforts; and, moreover, if there be slight pains, the adhesion of the Placenta to the internal surface of the mouth of the womb counteracts their influence, and thereby hinders its giving way to a power, which would otherwise, probably, very easily open it.

It appears, then, that this rule, if invariably adhered to, would, in some cases, be attended with danger, as we might wait for the opening of the Uterus till it was too late to relieve the woman by turning the child;

child; and for this reason it seems right that we should be sometimes as much influenced by the Os Uteri being in a state *capable of dilatation* without violence, as by its being really open; when this is the case, therefore, if the woman's situation demand speedy assistance, we should not hesitate to attempt delivery, even though to the touch the Uterus seem quite shut, more especially as in making the attempt, we shall know, before we can possibly have injured the Uterus, whether it be safe to proceed;---if the womb readily give way, and the hand pass with ease, we may be certain no harm will follow, and may, on that account, prosecute the turning; but if, on the contrary, there immediately come on a contraction of the Os Uteri, that in a purse-like manner tightly surrounds the fingers, it will prove difficult, and we ought therefore to desist, and wait till the part be more relaxed by pain or discharge, as

difficulty, in these circumstances, must certainly, with respect to the operation, be the truest criterion of danger.

As an encouragement that we may safely suffer a woman, under such circumstances, to lose more blood, the contraction may certainly be looked upon as a proof that there still remains a considerable portion of animal strength, and that she has not been so much affected by the loss as we before imagined; and if we can so far moderate the discharge as to prevent the blood from being too suddenly lost, which, in such a case, it must be our endeavour to do, a very considerable quantity may come away without endangering the life of the patient. But in waiting for a further relaxation, we ought, by no means, to leave the woman, not even if the flooding, from the means we have used to moderate it, be totally suppressed; as, when the Placenta is here

situated,

situated, the Hæmorrhage will sometimes return so suddenly and profusely, that if the surgeon be not at hand immediately to bring away the child, the woman perishes in a very little time.

The case of the King's coachman's wife, related by *Smellie*, in his answer to *Douglas*, is a striking proof of the danger of leaving a patient in such a situation. The woman had flooded several times, from the middle of the seventh month to within a fortnight of her full reckoning, at which time it increased much, she had slight pains, and the Os Uteri was found to be open to the size of a sixpence, beyond which was a soft substance that felt like the Placenta; as the dilatation was, he thought, insufficient to admit of delivery, he determined to wait; the advice of another physician was taken, who concurred with him that it was proper to wait till "those pains

should bring on right labour:" they therefore left the patient, but in a few hours after he was again sent for, when he found her in such extreme faintness, that she expired soon after his arrival: the body was opened, and the Placenta was found at the Os Uteri. It is observed, indeed, that a trial was then made to open the mouth of the womb, but it was not effected without much difficulty and a laceration. Such an accident happening, however, after death, (when every strong membranous part is equally incapable of contraction and extension,) is no proof that if the most favourable opportunity had been watched for, and a gradual and repeated endeavour to open it had been before made, it would not have succeeded. Their determining to wait "till right labour should come on," and leaving their patient without apprehending its bringing on an increase of the discharge, proves their not having thought about the Placenta, and

their

their not being aware of the unavoidable consequence of such a situation of it; and I have related the case as much to prove this as to exemplify the danger of leaving a patient under such circumstances.

To steer safely, then, between the two dangerous extremes, it appears necessary that, on the one hand, we should never deliver until the dilatation of the womb can be effected without violence; and, on the other hand, when it has been sufficiently relaxed by discharge, if the woman have suffered much by it, that we should no longer defer it, notwithstanding, from the absence or inefficacy of pain, the Os Uteri should remain unopened; yet, after all, as turning seems to be chiefly necessary when the Placenta is fixed to the mouth of the womb, and that circumstance can seldom be known till the hand be introduced

into

into the Vagina, and one finger be insinuated into the Uterus, I should imagine it is not very likely that we should often be in danger of injuring the patient by premature delivery, as when the hand passes easily into the Vagina, I should suppose there will be seldom much difficulty in its admission into the Uterus.

Independent, however, of the degree of dilatation of the Os Uteri which may have taken place, or of its being in a state safely admitting of a sufficient dilatation by art, cases may occur in which the Uterus itself is not of sufficient capacity to admit the hand for the purpose of turning the child, and yet the nature of them be such as, according to the foregoing doctrine, to require it; I mean when the flooding happens so early in pregnancy that the Uterus has not attained a sufficient degree of distension.

It

It would be a very useful addition to our knowledge of the method of treating floodings, to point out precisely the periods of pregnancy, beyond which the introduction of the hand may be safely attempted; for though, as before observed, it has been directed by *Mauriceau* and *Deventer* to bring away the Fœtus by art, in cases of Hæmorrhage, at whatever period it may occur, (the former saying,* "*le meilleur expedient est d' accoucher la Femme, le plutôt qui faire se pourra, quand même elle ne seroit grosse que de trois mois, ou encore de moins,*" and the latter recommending it,† "*quocunque tempore, sive ante, sive post septimum mensem,*") yet it is certainly absolutely impracticable to do it in the very early months.

* Livre I. Chapitre XXI. Page 171.

† Novum Lumen Obstetricum, Cap. LIII. Pagin. 145.

Nothing

Nothing but a considerable number of cases of floodings under these peculiar circumstances could enable us to ascertain this; and though I have not been without cases in which the Placenta has been situated on the Os Uteri, and an Hæmorrhage taken place a considerable time before the full term of gestation, yet I fear they are not sufficient for me to found a decisive opinion upon.

I am disposed, however, to think, and in some recent cases I have derived no small satisfaction from finding their events agree with this conjecture, that when the Uterus is too small for the admission of the hand, the expulsion of the Placenta and Fœtus will, happily, be timely effected by nature.

It is well known, that, in the very early months, instances of fatal terminations of floodings have been very rare, as abortion,

sooner

sooner or later, puts a stop to the discharge. It has likewise been before observed, that in floodings at any period of pregnancy, women seldom die, at least not in the first instance, unless a considerable quantity of blood has been suddenly lost. Now, as the danger of a great and sudden loss must obviously depend upon the size of the uterine vessels, and as the enlargement of these vessels is in exact proportion to the increased size of the Uterus, it becomes probable, that when the vessels have acquired such a magnitude, that when detached from the Placenta they would bleed largely and suddenly, the Uterus itself must have attained to such a capacity as to admit the hand for artificial delivery.

The greatest proportionate increase of the diameter of the Uterus takes place from the beginning of the seventh month to the end

of pregnancy; and were it not so, an increase, even upon the same proportion as in the more early months, would, after the Uterus had once acquired the magnitude it has in the sixth month, produce an increase, more sensible with respect to its solid capacity, than at any former period; as it is well known that a small increase of the diameter of a larger spherical body, produces a much greater enlargement of the solid contents of it, than the same increase in the diameter of a smaller one.

This holds good, moreover, upon the same principle, with regard to the increase of the Uterus when compared with the uterine vessels; and as therefore a very small increase in the capacity of the latter cannot take place without a very considerable enlargement of the former, it becomes evident, as before remarked, that when these vessels have

have acquired such a size as to bleed suddenly and largely, the Uterus itself must have a considerable capacity.

Were it admissible to deduce practical inferences from these imperfect premises, we might conclude, that as the most material increase of the Uterus does not take place until the end of the sixth month of pregnancy, an Hæmorrhage before that period will seldom require artificial delivery, and after that period, should it become necessary, that it is probable the hand may then be admitted for that purpose.

The experience I have had in floodings at these periods, as far as it goes, tends to confirm this supposition; for in two cases which occurred before the end of the sixth month, though the Placenta was distinctly to be felt at the Os Uteri in both of them, yet, it not being practicable to introduce

 the

the hand, I was under the necessity of trusting to the efforts of nature, and the Placenta and Fœtus were safely expelled by the natural pains: and in four others, which happened between the beginning of the seventh and the end of the eighth month, and which appeared to require artificial delivery, I was able to effect it by the introduction of the hand.

There are many flooding cases related by *Mauriceau*, in which turning was had recourse to early in pregnancy, and which seem likewise to support this conjecture.--- The reader will find them at full in the second volume of the French quarto edition, and the following is a brief account of them.

Observation LV. A patient who was seven months gone with child, flooded, and he turned the child; the Placenta was at the Os Uteri.

Observation

Observation LIX. The patient was in the middle of the seventh month, and flooded much; after waiting a considerable time for nature's efforts to expel the child, he judged it proper to introduce the hand, though the Os Uteri was but little dilated; he found the Placenta at the mouth of the womb, succeeded in turning the child, and the woman did well.

Observation CVI. A flooding under the same circumstances in the seventh month of pregnancy; he delivered the patient by turning the child.

Observation CLXX. A similar flooding in the seventh month, but the patient would not permit him to deliver, and she died undelivered. This case, therefore, is an instance of nature's inability to relieve herself under these circumstances in the seventh month.

Observation

Observation CLXXV. Case of flooding in the eighth month; the patient delivered by turning the child.

Observation CCX. Two women, seven months gone with child, were seized with floodings, and each delivered by turning the Fœtus.

Observation CDLIV. A patient in a flooding case, in the seventh month, delivered by turning.

Observation DII. Another, in the eighth month, delivered in the same manner.

Observation DCLI. A flooding case; the woman six months gone with child, and delivered by the introduction of the hand.

In one of *Portal's* cases of Hæmorrhage, which have been before alluded to, he succeeded

ceeded in turning, though the patient was but six months gone with child.

*La Motte** relates a case of flooding, in which he could introduce but four fingers into the Os Uteri, the woman being between five and six months gone with child; he found it impracticable to join the thumb to them, notwithstanding he used considerable force, and applied various relaxants.

In a collection of cases published by *Sarah Stone*, in the year 1737, are two of floodings at an early period of pregnancy, in which she succeeded in turning the children; the one being in the sixth month, and the other in the beginning of the seventh.

Smellie† has a case of flooding in the sixth

* Ancienne Edition, Observation 203, Page 354. Nouvelle Edition, Observation 245, Page 703.

† Vol. III. Page 130.

month,

month, in which, after making many ineffectual attempts to dilate the Os Uteri, and introduce the hand, he was under the necessity of desisting entirely, and waiting three or four days, when the parts being more relaxed, he succeeded, though still with great difficulty.

*Leroux** relates a case of flooding in a patient five months gone with child, in which it was impracticable to introduce the hand into the Uterus, but the Fœtus was expelled by the natural pains.

The events of these cases point out tolerably well the period of pregnancy beyond which artificial delivery is practicable, at least the experience of them is, surely, sufficient, on the one hand, to encourage the surgeon to attempt delivery after the sixth month,

* Observation 92, Page 219.

and

and on the other, should he find it impracticable before that period, to make him hope that nature herself will be able to effect it. But still, though it appears that artificial delivery was successfully accomplished in all the above cases which occurred after the sixth month, it cannot be expected either that this operation should, in the early months, be performed with such facility as at a time when the Uterus is in a more enlarged state, or that the probability of success, under such circumstances, should be so great. Indeed I have experienced the peculiar difficulty which attends the turning the Fœtus at so early a period; and in two cases, which now strike my recollection, though I succeeded, and the women were manifestly saved by it, there was so little room for the admission of the hand, that I was under the most painful anxiety least I should have been unable to have effected it, or that in making the attempt I should have done some material injury to the

Uterus. I would therefore recommend the utmost caution in performing this operation, when there unfortunately occurs a necessity for doing it at so early a period of pregnancy, and that the surgeon by patiently waiting, and attentively watching circumstances, should endeavour to obtain the most favourable opportunity for doing it. The circumstances most likely to render the turning practicable and successful being a due degree of dilatation of the Os Tincæ, and a sufficient relaxation of the parts, it becomes necessary that he should wait as long as the safety of the patient will admit of, that the former, as far as it can, may be effected by the natural pains, and that even the discharge should be suffered to continue as long as may be without exposing the woman to too much danger, that the latter may be induced. I am fully persuaded of the peculiar advantage of such a state of relaxation of the parts as is brought on by a considerable

able discharge, by my success in turning two Fœtuses in the seventh month, when the patients were in a state of absolute insensibility from faintness, and without which I very believe I should not have effected it, having before made several unsuccessful attempts to do it.

Should a case, however, occur, in which the Uterus is too small to admit the hand, and yet the discharge is so considerable as to endanger the life of the patient, before nature, by her own efforts, seems likely to effect an abortion, the method recommended by *Leroux*,* whose dissertation on Hæmorrhage was before referred to, might, I think, with propriety, be adopted. This consists in introducing such a quantity of lint, moistened with vinegar, into the Vagina, as will completely fill it, and which,

* No. CCXCVI. Page 222.

by pressing mechanically upon the Os Uteri, will prevent the external escape of any more blood, and consequently make that coagulate which is retained, and which obviously must press upon the Placenta, and, at least for a time, check the discharge. He is of opinion that by doing this, such a check may be put to the flooding as will admit of the surgeon's waiting securely until the Uterus is sufficiently dilated to allow of artificial delivery, or until nature herself be able to accomplish it.

In introducing the hand for the purpose of turning, when the Os Uteri has been carefully dilated, if the separated part of the Placenta be immediately presenting, it is best to endeavour to pass the finger through the substance of it, and by degrees with other fingers to enlarge the opening, till the hand can get through it, into the cavity of the Uterus: the obvious reason for this is, that

by

by this means not more of the Placenta may be separated than is necessary for the introduction of the hand, and consequently that as little increase of bleeding as possible may be produced by the operation; but if it be impracticable, as I have more than once found it, and it must ever be when the middle of the Placenta presents to the hand, from the thickness of it near the Funis, it must be carefully separated from the Uterus on one side, and the hand passed till it gets to the membranes, which being easily broken, it is admitted into the bag, the floating Fœtus is turned, and the delivery finished, as in preternatural positions of the child; except, that in this case the extraction should be more slow, that the Uterus may not be unable to contract, by being too suddenly emptied: a moderate pressure from the hand of an assistant, upon the Abdomen, as the child is coming away, will likewise be of use to assist the contraction. The Placenta

being

being at the Os Uteri, and being usually separated more by the introduction of the hand, commonly comes away immediately; but if a part of it should remain adhering, and the discharge continue, it should be carefully removed, and as it is so near, it may very easily be done.

If, on the contrary, it be clear from a careful examination of the Uterus, made in the way above mentioned, that the Placenta is not at the mouth of it, and that the coming on, or increase of labour, will not of necessity increase the discharge, provided it be not very profuse (for let it be remembered that I am supposing the examination to be made early, and before any very considerable quantity of blood has been lost,) it certainly will be proper to wait for the natural pains, and, in the mean time, to use such methods as are likely to restrain the flooding, which are, admitting a free circulation

culation of cool air into the room, keeping the patient in an horizontal posture, giving her anodyne, &c. and supplying her frequently with such cool and simple nutritious drinks as will support her without quickening the circulation.

It has been an universal practice in cases of Hæmorrhage to administer medicines of the astringent kind, from a supposition that they have a tendency to contract the vessels and restrain the discharge; it is, however, to be doubted whether they possess that quality in a degree which can ever be much useful upon such urgent occasions, and I believe it will appear, from considering the peculiar nature of discharges of blood from the Uterus in its gravid state, that admitting they possessed such a power, it must in these cases be utterly useless.

Even in Hæmorrhages arising from the accidental

accidental division of arteries, and in which the immediate cause of their suppression is the contraction of the extremities of the bleeding vessels, I am persuaded the use of styptics internally given is improper; for though there certainly are circumstances under which nature is most able to effect this contraction, and though, perhaps, there are means which have a tendency to induce them, yet whatever is in the least degree stimulant, I believe will be found to counteract it.

It is well known that the principal characteristic of an artery is its elasticity, and its most obvious power is that of contraction, by which it tends constantly to overcome the dilatation of its natural diameter, occasioned by the stream of blood being thrown into it by the action of the heart. This contractile power exists in the most feeble state of life, and may be shewn to be strong for a while even after death.

There

There are, therefore, two powers constantly subsisting in the arterial system: the one is that of dilatation, and which is occasioned by the impetus of the blood's motion; and the other is that of contraction, and which exists in the vessel itself; and by the alternate operation of these powers the arterial pulsation is produced.

The effect of these two opposite powers, in promoting or checking the flux of blood from the mouth of a divided artery, must, therefore, be very obvious, the one tending to promote, and the other to suppress it.

In vessels of small diameter, more especially if exposed to the stimulus of the external cold, the power of contraction will soon overcome the dilatation, the extremity of the vessels will close, the bleeding consequently stop, and an adhesion taking place between the sides of the artery, the opening will soon

be obliterated, and the danger of future bleeding from the same vessel be obviated. But in large vessels, where the column of blood is greater, and, from being nearer the heart, its impetus stronger, the internal pressure against the extremity of the divided artery is proportionably greater, the dilatation will be kept up longer, and the bleeding will, of course, be more difficult to stop.--- Under these circumstances, if the vessel be within sight and reach, art must effect by ligature what the natural power of contraction cannot accomplish.

But if the vessel be inaccessible, and cannot therefore be secured by ligature or external pressure, the obvious indication must be to weaken the power of dilatation, or, in other words, to check the force of the circulation.

And if we attend to what takes place in such

such cases where no means are used by art, it will appear that it is upon this principle alone that nature is ever able to effect the suppression.

The immediate effect of a large and sudden loss of blood is faintness, which may be considered as a temporary suspension of life, during which, for a while, a stop takes place in the motion of the blood; at least it is well known that no pulsation is to be felt in those arteries which are at some distance from the heart. The power, therefore, which heretofore dilated the vessel, and kept its extremity open, is either totally extinct, or but very feebly exerted; but, as before observed, the contractile power of the vessel subsisting in the lowest state of life, its action may be presumed to remain during faintness, and its operation must obviously be to contract the extremity of the vessels, all resistance to it being at this time

removed, by which means the bleeding must be stopped.

If the patient recover very soon from faintness, and the motion of the blood again acquire force sufficient to overcome, as before, the natural contractile power of the vessel, the bleeding will undoubtedly return; but when the faintness is very considerable, is of long duration, or returns very frequently, the contraction will probably be so great, that the end of the vessel will become firmly united; the time in which a firm adhesion takes place between the sides of an artery being much shorter than is commonly imagined.

From this view of the subject, I trust it must appear pretty evident that the use of all medicines of the astringent, tonic, and stimulant kind, must be improper in Hæmorrhages from divided arteries, having obviously

ously a tendency, by giving force to the circulation, to increase the dilatation of the extremities of the bleeding vessels, rather than to promote their contraction.

How far the use of such medicines are proper, or otherwise, in those Hæmorrhages which are the immediate subject of consideration, I will endeavour to shew.

The uterine vessels differ very materially from arteries, and particularly in having no such power of contraction within themselves, as has been before observed to be so instrumental in suppressing Hæmorrhage arising from the division of the latter kind of vessels, their contraction and dilatation being absolutely dependent upon the state of the Uterus.

In the unimpregnated state of the womb they are so small as scarcely to be discovered,

vered, but they are well known to increase when the Uterus receives the Ovum, and to grow in exact proportion to its gravidity; and when, by the complete distension of it, they have acquired their utmost magnitude, their diameters cannot be lessened until the womb, being again emptied, closes them by the contraction of its whole capacity, and restores them to their original size.

It would seem then very difficult ever to restrain Hæmorrhages from the Uterus in its gravid state; but as experience shews that it is sometimes effected, the question is, on what principle is it done? It cannot be produced by the contraction of the mouths of the bleeding vessels, for they possess no such power independent of the Uterus, and it cannot be produced by the contraction of the womb, as that cannot take place unless the contents of it are wholly removed. It can therefore be effected by no other means

whatever

whatever than the formation of coagula at the mouths of the vessels, which filling up the space between them and the separated part of the Placenta, by their pressure and adhesion prevent the further escape of blood.

That state of the circulation in which the pressure of the blood against the mouths of the uterine vessels is weakest, is not only the most likely to admit of the formation of coagula, and by that means to suppress the discharge in the first instance, but is also absolutely requisite to prevent their removal, and the consequent return of bleeding; for if these vessels possess no power of contraction, it is evident when the Hæmorrhage is stopped, that their diameters are not lessened, much less does any adhesion take place between their internal surfaces, and the coagulum, therefore, though a very slender one, is, unfortunately, the only security against returning Hæmorrhage; and agreeably to this,

this, it is but too well known how frequently, and at what various distances of time from the first separation of the Placenta, the discharge will recur.

The use of astringents, therefore, on the principle of promoting the contraction of the mouths of the vessels, can be of no avail in cases where the vessels are under circumstances which will not admit of their contraction, and, as far as they possess a stimulating power, they certainly must be injurious in cases where the smallest increase of the impetus of the blood so obviously tends to promote the discharge, by its endangering the separation of the coagula from the extremities of the vessels.

If stimulating medicines be likely to be of use in any kind of Hæmorrhage, one would suppose it to be alone in that which takes place, when the Uterus is unable to contract itself,

itself, after the expulsion of the child and Placenta; for the contraction of the Uterus being a work of nature not to be effected without considerable vital power, a state in which the principle of life is feeble cannot conduce to it; and experience accordingly proves that the most dangerous Hæmorrhages of this kind arise from the inaction of the Uterus, which should seem to prove the propriety of the use of medicines of this kind, on the principle of exciting its contraction. But even in this case it is well known that stimulus, immediately applied to the Os Uteri, is by far the most efficacious of any in exciting its action; and though the giving medicines of the cordial kind during extreme faintness, which certainly under these circumstances must be guarded against, as being unfavourable to the contraction of the womb, may be proper, yet, perhaps, the sudden access of cold to the patient, by admitting the external air, or by throwing cold

water upon the face, will be more likely to be useful as a stimulant than the most powerful tonic medicines, as their operation, to say the least of them, cannot be so immediately felt.

From pursuing the method above recommended, it will often happen that the discharge goes off entirely, and if the woman be not arrived at her full term, and she be kept very still and calm, that it does not return before labour comes on; but if it should continue, or return frequently, it will be right, if possible, to bring the Uterus into a state of contraction, by exciting some pain, which may often be done by gently irritating the Os Uteri with the finger; if this succeed, and the mouth of the Uterus be thereby so far dilated, that the distended membranes may be felt, they must be immediately pierced by passing a probe along the finger, as upon the discharge of water thus

produced

produced, the womb necessarily contracts to a certain degree, and the flooding proportionably abates; this is, for the most part, soon succeeded by slight pains, which, if the child present fair, have very soon an effect upon it, and push it down.

This is the method of practice recommended by *Puzos* in his *Memoire sur Pertes de Sang*, which, if considered as relating only to cases produced by an *accidental* separation of the Placenta, is certainly an excellent one; and these are the only ones which seem to have occurred to him, for he appears not to be aware of the Placenta being sometimes fixed to the Os Uteri, in which case, it is plain, his advice must be dangerous. The success that attended the management of his cases, which were certainly produced by *accidental* causes, may, I think, serve to strengthen what I have

ventured to declare as my opinion, that when such is the case, it will, for the most part, terminate safely by the sole assistance of nature.

In the relaxed and inelastic state of the Uterus, which is induced by Hæmorrhage, it is astonishing how much it is influenced by a trifling degree of pain, dilating and giving way to the most gentle throes; insomuch that, in these cases, the child usually passes with half of the ordinary efforts of nature: it is likewise remarkable, that the discharge commonly abates upon the coming on of pain, which proves the propriety of endeavouring to excite it by the means before mentioned, when the other methods used to restrain the flooding do not succeed; and from this circumstance, too, the early examination with the hand in the Vagina, and one finger in the Os Uteri, is not only

useful,

useful, when the Placenta is there situated, but from the stimulus it excites, is of service to bring on pain and facilitate labour when it is not so situated.

The Fundus and sides of the Uterus being in a state of contraction during the presence of pain, press upon the Placenta, and lessen the flux of blood into the womb. Moreover, when the water is escaped, the child's body comes in contact with the Uterus, and the Placenta may likewise be pressed upon by it, so as to have its vessels stopped; and these are, without doubt, the reasons why it it is observed that the flooding usually abates whilst the pain continues: but this must obviously be only when the Placenta is fixed to any part but the Collum and Os Uteri, in which case the reverse must happen, as those parts are dilated during pain.--- It may be of use to attend to this circumstance, when we cannot, so soon as we could wish,

wish, make a manual enquiry into the cause of the flooding.*

But

* The propriety of thus early rupturing the membranes has, however, been questioned, and objections to the practice have been suggested by several distinguished lecturers on midwifery.[a] As a practical question, and as such only it merits consideration, it can be decided by experience alone;—my own has been most ample, and, as I conceive, decisive of its efficiency in restraining the Hæmorrhage and forwarding the parturient efforts. The cases which I originally published I considered as fully sufficient to establish this; and had I thought it at all necessary, I could have added many more which have since occurred to me, the results of which have been uniformly the same. But though I have forborne to add any more of my own cases, I readily avail myself of the testimony of others in confirmation of this practice, and have, therefore, great satisfaction in referring to such a practical work as Dr. Merriman's Synopsis of the various Kinds of difficult Parturition; in which, at page 119, he says, "In my own practice, upwards of thirty cases have occurred of *accidental Hæmorrhage* during parturition, in which I have adopted the method of rupturing the membranes, as a means of lessening or suppressing the flooding, and as yet have had no reason to be dissatisfied with the plan; for in every instance the discharge has either entirely ceased, or has been so much diminished as to secure the safety of the patient; and yet there were some among these patients, whose cases, from the profuse Hæmorrhage, were abundantly

[a] Denman—Hamilton—Burns.

alarming."

But if, notwithstanding the mode of treatment above recommended, the discharge should

alarming." I will subjoin, also, two cases which he has given in detail, as peculiarly illustrating the efficacy of the practice.

CASE I.

April 13, 1810.—I received a very pressing message to visit Mrs. Orme, the mother of ten children, who was seized with very profuse flooding at the full term of pregnancy. She had fainted several times before I reached the house, and I found her lying on the bed, extremely cold and pallid, and without any pulse at the wrist. I gave her some port wine and water, which a little revived her, and then proceeded to examine the Uterus. I found it open to the size of half-a-crown, and very dilateable; the child's head presenting, and rather low in the Pelvis. It would not have been difficult to introduce the hand and turn the child; but I thought that to rupture the membranes would put an equally effectual stop to the Hæmorrhage, and therefore I hesitated not to effect this; having first, by irritating the Uterus, excited some degree of pain. The quantity of waters discharged was very great, after which no more Hæmorrhage was observable. The pains began to recur; they were augmented by gently pressing back the Perinæum, and in less than half an hour the child was expelled, but was not alive. Immediately after the expulsion of the child, a great quantity of coagula was discharged, sufficient to fill a large bason, and the Placenta was spontaneously expelled at the same time.

The cause of this accident was supposed to be indigestion, at least no other probable cause could be assigned. Mrs. O. had

should not lessen, if the evacuating the waters should not abate it, and if, moreover, labour

had not used any exertion in lifting or walking, nor done any thing that could be supposed capable of producing such an effect. She was in bed at the time it happened, and the first symptom which she felt was a violent cramp in the belly, followed immediately by the flooding; soon after the cramp, she felt strong convulsive motions of the child, which shortly afterwards ceased to move.

Her recovery was uninterruptedly good.

CASE II.

A poor woman in the last month of pregnancy, while in the act of lifting up a pail of water, felt a great discharge from the Vagina, and thought that *her waters were broke.* She soon discovered that it was a discharge of blood, and it continued with such profusion as to produce fainting. She fell down, and in her fall made so much noise as to disturb some of the other lodgers in the house, who found her, as they at first supposed, actually dead. On recovering a little from the faintness, she was carried upstairs to her bed, and in the mean time a messenger was dispatched to procure assistance. As I happened to live near, the messenger came to my house, and I went immediately to the poor woman. She was just recovering from another fainting fit; her pulse were scarcely to be felt, and her countenance ghastly. Some wine and water was given, which, after a little time, somewhat revived her, and the usual means of suppressing Hæmorrhage were had recourse to, with apparent benefit. The Hæmorrhage, however, from time to time,

labour pains, sufficient for expelling the child, should not succeed, and the flooding should still increase, so as to endanger the life of the patient, I should imagine it hardly necessary to say, that even in this case, as well as when the Placenta is fixed to the Os Uteri, the only certain method of stopping it should be used, namely, the delivery of the child by turning; for though I have never yet met with a case that under such circumstances has required it, and believe such very

time, returned with violence, and it was obvious that more was necessary to be done to secure the patient's life.

Slight pains were observed to take place now and then, and upon examination *per Vaginam*, the *Os Uteri* was found relaxed and dilating. I determined, therefore, to rupture the membranes, and by irritating the *Os Uteri*, brought on a pain, during which this was effected and the waters discharged. It was curious to observe how soon the poor woman became more animated; her pulse grew firmer, and her strength increased; for the Hæmorrhage immediately ceased. The pains soon after became effective, and in little more than an hour she was delivered of a dead child.

This patient's recovery was very slow, not only from the excessive loss of blood, but from her straitened circumstances, which prevented her from procuring many of those comforts that her condition required.

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rarely happens, yet I would not be supposed to say such an one cannot occur, as the separation of the Placenta may, for instance, be produced by such violence done to the Abdomen, and the Hæmorrhage may be so profuse, that nothing but a speedy delivery by art will put a stop to it. I only mean, that when we are called in early to flooding cases, if we judge only by the quantity of blood that has been lost, which may be small, and the present strength of the woman, which may be considerable, we must frequently be deceived in our judgment of the cases, and be in danger of using a wrong method of treatment, but that the knowledge of the causes which produce them, will in the one case, *for the most part*, justify our waiting, and in the other will *invariably* prove the propriety of turning the child.*

THE

* My intention in the above paragraph was evidently to guard against the danger which might probably arise in practice, were it understood, without limitation, that nature is able to

The want of success, which has so often attended turning in flooding cases, has, however, induced some people to believe there is great danger in the operation itself, and that, independent of the time and manner of its

to expel the child when the Placenta is not at the Os Uteri. I have learned, however, that some practitioners, whose opinions deserve the highest respect, have still thought that I have expressed myself too confidently of nature's ability to relieve herself under these circumstances, and that they have feared such an idea might tend to produce a carelessness in the management of these cases, which might in some instances prove mischievous.

On this account, therefore, though the further experience which I have had in these cases since the first publication of this Essay, cannot have lessened my confidence in the powers of nature, as in all those which have occurred to me under these circumstances (and the reader will find them not a few) the labours have been safely accomplished by the sole assistance of the natural pains, it may not be improper to repeat, that I am far from supposing that the Placenta may not in some instances, when not at the mouth of the womb, separate so suddenly, and to such an extent, as to occasion a discharge so considerable as to require the immediate interference of art; and as I trust that I should not hesitate myself to turn the Fœtus under such *particular* circumstances, I should be sorry that others should be induced to omit it under the same, merely because it would be contrary to the mode of treating these cases, which I think myself fully justifiable in having recommended as *generally* proper.

being performed, the mischief in part arises from that. Among others, *Puzos* raises objections that have a tendency to discourage it: he draws, indeed, a very nice comparison between the influence that natural and artificial labour have upon the Uterus, and seems thence to infer, that the injury done to it by the latter is very often the cause why it is unable to contract itself after the child and Placenta have been removed.--- There can be no doubt but the womb ever suffers more from art than from nature, as the latter is more gentle, slow, and regular in her efforts to expel the child, than the former is to bring it away; but he certainly goes too far in attributing so much mischief to the operation by art, as if the want of contractile power in the Uterus were owing to the mere mode of delivery, it would very often turn out so in preternatural labours, where the improper position of the child renders the introduction of the hand to turn

it

it equally necessary, in which too the Uterus being more rigid than in flooding cases, more force is requisite to effect it, and consequently more violence is offered to the womb; but every one's practice in these cases contradicts it. Surely the obvious reason, then, for the want of success is, in most cases, what has been before observed, that the delivery has been too long deferred, and the woman too much exhausted by the great loss of blood.

It has been likewise urged by some, as an additional objection to turning, that in these cases there is, for the most part, such an insensibility of the Uterus; that as nature is, on that account, unable to expel the child, she will, for the same reason, be unable to contract the womb, if delivery be effected by art; and, independent of the injury which turning may do to the Uterus, that all attempts to stop the discharge will, for this reason,

reason, be ineffectual: but I should suppose this want of sensibility to be owing to the same cause---the loss of blood; for when the Placenta presents to the Os Uteri (which is the case we consider as chiefly requiring turning) no wonder nature is unable to expel the child, as every effort she uses to dilate the womb for that purpose must separate the Placenta, produce an increase of bleeding, and proportionably lessen the vital power. Such an idea, therefore, which seems to be an unjust one, ought never to induce us to omit using the only certain method of stopping the flooding, and thereby of preventing that insensibility which a further loss of blood alone occasions.

To many practitioners, moreover, the introduction of the hand to turn the child is a very disagreeable operation, and if they have not been much used to it in cases where the Uterus is but little open, it appears

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a very difficult and formidable one. It were to be wished, that even this circumstance had never an improper influence upon surgeons, especially those who are young in practice, and that they were never induced to omit, or too long delay this operation, because they feel unwilling to do it.

But it is not so difficult as many imagine; for even in preternatural cases, where the Uterus is strong and rigid, and gives way reluctantly, if the hand be slowly and gradually introduced, it will seldom be found impracticable, provided the Pelvis be not badly formed; and in floodings it is effected with peculiar ease, which should be a further encouragement to attempt it in such cases; for as the Uterus necessarily becomes much relaxed after a considerable loss of blood, it very readily gives way to the admission of the hand, that tight contraction of its neck, which in other cases is such an impediment

to

to the introduction of it, being here seldom to be met with; and it may be added, that in proportion as nature, from the loss she has sustained, is less able to bear violence, happily a proportionably less force is requisite.

If, therefore, the operation may be performed without much difficulty to the surgeon, if the cautious performance of it be attended with no danger to the patient, and if the becoming early acquainted with the necessity there is for it, give us an opportunity of doing it before the woman has lost too much blood, and before the Uterus has thereby been deprived of its sensibility and power of contraction; if, likewise, that early knowledge may be obtained by pursuing the directions before given, the turning the child, in the cases I have mentioned, cannot, surely, be too much urged to practitioners, as it is highly reasonable to expect more frequent success, when it is done under more

favourable

favourable circumstances, if it be certain that success sometimes attends it when the patient is, in appearance, at the last extremity.

It will, however, frequently happen, that we shall not be called in till late in these cases, when the woman will probably be, in appearance, dying, and indeed, sometimes the fluor is so rapid, that in a very little time so much blood is lost, that the patient sinks immediately; but, as was just observed, unexpected success having sometimes attended turning, even under the most unpromising circumstances, it is certainly always our duty to do it, and by that means give the woman the only possible chance. I know there are arguments to be used, which may seem to justify a surgeon's relinquishing his patient under such melancholy circumstances; that as people so frequently judge by the event only, he may incur blame, and his reputation undeservedly suffer, if it terminate

badly, as it is most likely to do. These may be tolerable arguments in trade, but they are very unjustifiable ones in morals, which direct us always to do what is in itself right, independent of the opinion of the world, and the consequences that may follow it. But I cannot see much reason to apprehend much injury to our reputation, if, previous to the performing a dangerous operation, the uncertainty of the event be but properly represented to the friends of the patient, or if, before our doing it, we send for some surgeon of established reputation, to justify our opinion, and to be present, and perhaps assist, whilst we do it, which is of all others the most effectual method of preventing any injury to our character; and in places where the gentlemen of the profession behave at all liberally to each other, there can be no difficulty in procuring such assistance.

Thus I have ventured to place one of the most

most important subjects in midwifery in a new light, and have endeavoured to establish a hitherto uncertain practice upon principles that are more fixed and constant, by ascertaining when we may with propriety leave nature to do her own work, and when it will be requisite to proceed to immediate delivery by turning the Fœtus. I have also endeavoured to fix the precise time when it may with safety be done; and, in order to promote the practice of turning, when such becomes necessary for the woman's safety, have attempted to obviate the objections which have been made to this operation from a supposition of its being either difficult, dangerous, or useless.

From what has been said it appears, then, that the Placenta is fixed to the Os Uteri much more frequently than has hitherto been supposed; that when it is so situated, nothing but turning the child will put a stop

to the flooding; that when it is not so situated, nature will, for the most part, expel it safely, herself; that an early knowledge of this circumstance is of the utmost importance; that it may be obtained with ease and safety; and that, therefore, it should, in every case, be enquired into before much blood has been lost; that the information procured by making such an enquiry should govern our management of the case; if we find the Placenta at the mouth of the womb, that we should proceed to delivery; that, if it be not so situated, if the discharge be not very profuse, and a very large quantity of blood have not been already lost, we should endeavour to restrain it by the means commonly directed for that purpose, and wait for nature's assistance in the expulsion of the child: and it is thence evident, that this practice will have an advantage over the uncertain one hitherto adopted, because our determination about what we do will ever be

more

more safe and satisfactory; for if, on the one hand, we wait, we shall have the satisfaction of knowing that, in all probability, nature will be able to expel the Fœtus; and if, on the other hand, we immediately turn the child, we shall also have the satisfaction of knowing that nothing but turning can relieve the woman, and that, therefore, we do not give her unnecessary pain; and, finally, that our doing it before the patient has sustained too great a loss of blood, will make the chance of success more probable, and thereby be the means of preventing, in some measure, the fatality which has hitherto so frequently attended these cases, and which has, perhaps, been more owing to a rational method of treatment not being known, than is commonly imagined.

CASES.

CASES.

THE subjects of the following cases were most of them poor women, under the care of midwives when I was sent for to them, and had been flooding a considerable time before I saw them. As they may, on that account, be justly considered as labouring under every disadvantage, none, I think, could better exemplify what I have ventured to advance in the foregoing essay.

CASE I.

DECEMBER 29, 1769, I was sent for in the afternoon, to the wife of —— *Balls.* She was at the latter end of the eighth month of pregnancy, and had been seized the preceding evening

evening with a discharge of blood from the Uterus: it began without pain, and in small quantity, but increased by degrees, and was considerable when I saw her. She had now, however, small pains, by which the Os Uteri was already somewhat dilated. I admitted as much cold air as I could into the room, supplied her frequently with cool and nourishing drinks, and as the pains still continued, waited till the membranes were so far distended and pushed down, that I could scratch them with my nail, by which means I ruptured them, and let the water escape. The discharge immediately lessened, the pains increased, and in a little while I felt one foot of the Fœtus presenting: I brought it down, and with great ease drew forth a small dead child. The Placenta came away in about a quarter of an hour, the flooding became less and less, and the poor woman, though much reduced by the loss she had sustained, recovered in the usual time.

CASE

CASE II.

FEBRUARY 6, 1770, —— *Stannard.* She was a small delicate woman, of a sickly relaxed habit, and had borne several children. About the end of the eighth month a flooding came on, without any previous pain, or symptoms of labour. I saw her in the evening, after the discharge had been several hours, though as yet it had not been very profuse: she was, however, very faint and languid. By keeping her upon the bed with but few cloaths upon it, and admitting cool air into the room, it evidently lessened. I found the Os Tincæ relaxed, and a little open: after examining several times (and probably by the slight irritation occasioned by the frequent touch) it opened somewhat more, and the membranes protruded so far as to be felt by my finger; I immediately broke them, the discharge abated still more, and some slight pains succeeding, she was,

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in about half an hour after, delivered, with remarkable ease, of a small living child; the Placenta was removed without trouble, the discharge was moderate, stopped at its proper time, and the woman perfectly recovered.

CASE III.

IN the morning of March 12, 1772, —— *Cousins*, a sickly relaxed woman, who had borne many children, was seized with a flooding in the latter end of the last month of her pregnancy. I was sent for upon the first attack of the complaint, and living near the patient, was with her before much loss had been sustained by it, though the Hæmorrhage was then considerable. She was without pain, and I found upon examination that the Uterus was very little open. The room being very small, and the air in it too warm and impure, I immediately opened the door and windows, drew back the curtains of the bed, took off some of the cloaths, and did

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every thing to render her cool, and to admit fresh air into the room, by which means the discharge considerably lessened. I gave her an anodyne, directed the coolest drinks, and left her, desiring to be called upon return of either pain or flooding.

In the evening I was sent for again, when I found the latter had returned, and in an increased quantity, insomuch that the woman was extremely faint and languid. The Uterus was, however, now rather more open, and some slight pains were coming on, and upon examining whilst she had one, I was just able to perceive the membranes pressing against the mouth of the Uterus: I introduced the sharpest end of a probe along my finger, and pierced them; the flooding became less immediately, and some pains following soon after, she was safely, and with great ease, delivered by them of a living child. The Funis, being small and tender,

broke

broke upon the first gentle effort to draw the Placenta by it; but by waiting about half an hour, it descended far enough into the Vagina for the fingers to get hold of it and bring it away. The woman was very much weakened by the loss of blood she had sustained, but in a few weeks she perfectly recovered.

CASE IV.

IN the evening of August 12, 1772, I was sent for to the wife of —— *Leman*, a pauper, belonging to the town. She had a midwife with her, who informed me her patient had been flooding in some degree during the day, and that it had in the last hour very much increased. I examined, found the discharge was considerable, the Uterus scarcely at all open, and she was without pain: she was, moreover, extremely faint, and seemed to have suffered much more than any of the former patients. Admitting cool air into

the room, &c. as in the other cases, for a while abated the discharge; but as it returned very soon, and the woman seemed in the most immediate danger, I was very desirous of attempting to relieve her by turning the child; but judging it right to have the opinion of another surgeon, I sent for one who has had considerable practice in this city. He seemed to think my patient too far gone to receive relief from any attempt whatever to stop the flooding, and as he added that it was his opinion she would sink during the operation, as one or two had before done on whom he had made the like attempt, he advised me not to turn the child. His advice prevented my doing it immediately, though before his arrival it was my design to attempt it, if he justified it. I was determined, however, not to leave the bedside, that if there came on the least degree of pain, so as to allow me to feel the membranes, I might, as I had before done, pierce

them

them with a probe; or if the flooding increased, and I found it practicable to introduce my hand, I still resolved to attempt the removal of the child.

By carefully attending to keep the room very cool, by preventing my patient from being the least stirred, and being myself her nurse, in giving her every few minutes small quantities of the coolest drinks, I prevented the discharge from increasing, and at the same time supplied, as far as I could, the waste of what she did lose, by the drinks she took, being as nutritious as I could venture to give them, without their being irritating. After attending her in this manner about two hours, frequently examining and gently stimulating the Os Internum, there came on at length a slight pain, and soon after I could just feel the membranes with the end of my finger. I immediately introduced a probe, in the manner I had before done,

done, and punctured them: it had the same good effect as before, for the discharge immediately stopped, and pain coming on, the Uterus opened, the head of the child was pushed down, and notwithstanding the very alarming state she had just before been in, she was soon easily and safely delivered, by the natural pains, of a dead child.

REMARK.

The above case is a very striking instance of the power of nature in relieving herself when the Placenta is not at the Os Uteri; and the happy termination of it has impressed my mind the more forcibly, because, I well remember, it was considered as a hopeless one by the surgeon whom I consulted, and that his advice not to deliver was (as mentioned in the case) not because the symptoms were not sufficiently urgent to require it, but because he imagined the patient too

far exhausted to derive any possible advantage from it.

Being at that time young in practice, I had not confidence enough in my own opinion to act contrary to that of a more experienced practitioner. Had not this been the case, I am persuaded I should have turned the child, more especially as the distinction I have since made, in these Hæmorrhages, was then unknown to me, and I had had no sufficient experience of nature's ability to relieve herself under such circumstances.

CASE V.

NOVEMBER 5, 1772, about ten o'clock in the evening, I was sent for to —— *Middleton*, a poor woman who had been flooding a little the greatest part of the day. The discharge was about this time rather increased, which induced the midwife, who attended her, to desire my assistance. I found

found her without pain, and the Os Tincæ not the least opened; but the discharge was not so great as in the last case. I directed as in the former cases, gave her an anodyne, and left her, with orders to be sent for again if the flooding increased, or if pain came on. I was sent for again about six in the morning: she had slept in the night, and the discharge had been but little, but it was now considerable. Nature, however, seemed disposed to assist her, for there soon came on a few pains, which opened the Uterus, and distended the membranes so far as to enable me to break them: it had again the good effect of suppressing the flooding, and facilitating the labour, which terminated safely in less than half an hour;---the child was dead.

CASE VI.

DECEMBER 1, 1772, about midnight, I was sent for to —— *Welden*, another pauper. She had a midwife with her, who informed

informed me the woman had been flooding a considerable time, and had lost a large quantity of blood, which seemed to be true, from the state the poor creature was in; for her faintness was extreme, and she had every symptom of the most immediate danger.

Upon examination I found the Os Uteri more dilated than in any of the former cases, and the *Placenta* evidently presenting. As no possible relief could, in this case, be expected from waiting, I at once resolved to give her the chance of an immediate delivery, which I effected by introducing my hand into the Uterus, turning and bringing away the Fœtus; and this I did with much greater ease than I could have imagined, as the resistance from the Uterus was very trifling. I endeavoured to pass my hand through the substance of the Placenta, but not being able to do it, I separated it on one side, till there was room for my hand to pass.

The woman remained very faint and weak a long time after delivery, but being carefully nursed, she recovered by degrees, and was able to go out before the end of the month. This was likewise a dead child.

CASE VII.

DECEMBER 29, 1772, about six o'clock in the morning, I was called to —— *Freeman*, a poor woman, who was under the care of a midwife. She had been flooding many hours, and had lost an immoderate quantity of blood, was greatly sunk, and appeared to be almost dying. On examination I found the mouth of the Uterus as open as in the last case, and the *Placenta* situated in like manner, which determined me to pursue the same method I had so successfully used in that.

The Pelvis was narrow and distorted, but I introduced my hand into the Uterus, and turned

turned the child with all desirable ease. The feet, body, and arms of the Fœtus I brought down in the usual manner, and with no more than usual difficulty; but when I came to the head, it remained so fast betwixt the bones of the Pelvis, that, though I got one of my fingers into the mouth (the face being towards the Sacrum) and pulled the body, at the same time, with considerable force, I could not move it in the least degree, insomuch that the Vertebræ of the neck began to give way, which made me desist from pulling so forcibly, and induced me to send for the assistance of another surgeon.

He made several similar but unsuccessful attempts.---We therefore concluded, that nothing but lessening the size of the head, by evacuating the brain, would allow it to pass; but to effect this was no easy matter. He thought it possible to pass the scissars

through the Os Palati into the head, and attempted it: when the scissars had pierced the bones, I endeavoured to enlarge the opening, but could not do it. In tracing with my finger, round the head, as far as I was able, I thought there was a possibility of pushing in some curved instrument behind the ear, at the lower edge of the temporal bone; but the scissars being straight, I could not use them. However, from the looseness of the scalp (for it ought to be observed that the child was dead, and almost putrid, which was certainly the reason why the Vertebræ of the neck separated so easily when I attempted to pull the head,) I thought I could push in the curved end of a blunt hook, which, with a good deal of difficulty, I effected, and by degrees insinuated it under the temporal bone. The opening I easily enlarged by my finger, and with one blade of the forceps, so that at length some of the brain came away; the

head

head was thereby compressed into a smaller compass, and she was delivered: but the extreme fatigue she had undergone by this unlucky difficulty, joined to the immoderate loss of blood she had previously sustained, was more than she was able to support, and she died the following morning.

Since the above case happened, I have procured a pair of scissars, curved at the point (somewhat like Tonsil scissars), which may easily be used where it is found necessary to open the head, after delivering the rest of the child.

CASE VIII.

JANUARY 4, 1773, —— *Bygrave*, a pauper, fell in labour, and a flooding came on, after having had some pain. I was sent for about an hour after the discharge began, and found it very considerable; but there had been pain sufficient to dilate the Uterus,

Uterus, and to enable me to break the membranes, when I found a hand and foot presenting: I immediately brought down both feet, and delivered her safely of a living child.

CASE IX.

FEBRUARY 3, 1773. —— *Clarke.* She had flooded several times, and in considerable quantities, in the last month of her pregnancy; but it was every time suppressed by the means I have before related, and she went her full time.

Her labour was a natural one, and at that time there was very little discharge, though it had been considerable a few days before. She was delivered by the natural pains of a large living child; but immediately upon the expulsion of it there came on a most profuse fluor. I instantly introduced my hand into the Uterus, and was fortunate enough

enough to remove the Placenta with but little loss of time; the womb immediately contracted, and the discharge abated.

CASE X.

FEBRUARY 12, 1773, I was sent for to —— *Marshall*, a poor woman in the workhouse, who was in her last month of pregnancy, and had been flooding about two hours. She had in that time lost a very great quantity of blood, and was so much sunk by it, that she died soon after I came into the room.

I HAD an opportunity of opening the body the following morning. The membranes adhered universally to the Uterus, by the Spongy Chorion. I carefully measured the water contained in the bag, and there were three pints of it: the child lay with the head obliquely to the right side of the Fundus Uteri, and the face towards the Spine; the hands

hands were turned upon the face, holding each one of the feet, so that the Podex would have presented. The *Placenta* was situated upon the Os Uteri, and a partial separation of it, not bigger than a crown piece, was the cause of this fatal Hæmorrhage. Before she died I examined with my finger, found the Uterus very little open, and did not feel the Placenta.

REMARK.

This case proves that the Os Uteri sometimes does not at all dilate to the size that has been usually thought necessary for safe delivery, and that it is not, therefore, always right to defer turning the child, in expectation of it. Had I been with the woman sooner, I certainly should have attempted it, and as from the first there had been a considerable discharge, in all probability the Uterus was so relaxed, that it might have been easily and safely effected.

CASE

CASE XI.

MAY 15, 1773, I was sent for, in the evening, to —— *Maltward*, who had spoken to me to attend her. She had gone her full time, and some symptoms of labour came on, accompanied with a slight discharge of blood. I gave her an anodyne, directed her to be kept cool, &c. and left her, with orders to be sent for again if the complaint increased.

About four o'clock in the morning I was called to her again, and found the discharge was increased; but she had had but little pain. However, after frequently examining, in about half an hour, the membranes began to swell, and I was able to break them: the flooding abated; more pains came on, and the child descended into the Vagina, with the breech presenting; but, as the woman was well formed, it passed easily, and she

was soon, safely, and almost entirely by the natural pains, delivered of a dead child.

CASE XII.

JUNE 25, 1773, I was called to —— *Sherwood*, a pauper, under the care of a midwife. She had been flooding several hours, had lost a large quantity of blood, and was extremely faint. I treated her as I had done most of the former ones, gently irritated the Os Uteri, and, as soon as I was able, broke the membranes, and she was, in like manner, safely delivered, by the natural pains, of a dead child.

CASE XIII.

JUNE 27, 1773. —— *Playford.* She was attended by a midwife at the time I was sent for, and had been flooding very much several hours. The discharge was still profuse, the Os Uteri quite shut, and from the faintness she was in, she was altogether

gether without pain, though the complaint came on with labour pains. She had the most threatening appearance, and I very much feared I could be of no service to her, and intimated it to the midwife and the assistants, but added, that if there were any possible chance, it must be from immediately delivering her.

As they were desirous of another surgeon's opinion, I sent for a gentleman, who confirmed what I had said respecting the danger the woman was in, and agreed with me that the only chance she could have must be from a speedy delivery; the practicability of which, however, he rather doubted, as the Os Tincæ was so little open. I apprehended great difficulty in doing it, and feared likewise, that if I succeeded in bringing away the child, the woman would hardly survive the loss she had sustained; but having succeeded before, much beyond my expectation,

I thought it right to attempt it. I introduced my hand into the Vagina for this purpose, and first one, then more fingers, into the Uterus, when (and not before) I found the *Placenta* fixed to the Os Uteri; I endeavoured to pass my finger through the substance of it, but was not able, though I tried some time: I therefore separated it on one side, and got my hand completely into the Uterus; the head of the child presented, but I soon got hold of the feet, brought them down, and delivered with the same ease as in the last case of turning. The woman remained very languid a long while, and seemed hardly alive for many hours; but by supplying her frequently with cool and nutri tious drinks, and carefully managing her in other respects, she recovered entirely.

REMARK.

This case appears much to have resembled that of *Marshall*, who died undelivered;

as

as the discharge was very profuse, and the Uterus was very little open, the difference in the event being produced merely by my being fortunately called sooner to this woman.--- The ease with which the turning was effected, and the success which attended it, confirm the remark made to that case, that it is *sometimes* justifiable to deliver where the Os Uteri is not dilated to the size of a shilling, or a half crown.

CASE XIV.

JANUARY 1, 1774, I was sent for, about noon, to —— *King*, a poor woman, who was at the full term of her fourth pregnancy. Without any previous accident or complaint, she was seized with a trifling pain, like the beginning of labour pains, which was accompanied with a little appearance of blood. When I first saw her she was not at all faint, had lost a very small quantity of blood, and was sitting by the fire

fire side. The Os Tincæ was a little relaxed, but not open, and she had no pain. I desired her to be laid upon the bed, to be kept very cool and quiet, and ordered the midwife to send for me again, if she found the flooding increase.

From this treatment it abated, and the woman got some rest in the afternoon; but in the evening her pain returned, and with it so profuse an Hæmorrhage, that before I could get to her she had lost an astonishing quantity of blood, and had the most threatening appearance. She, before, had a good pulse, and a florid, healthy countenance; but now her pulse was scarcely perceptible, her countenance was pale, her lips livid, &c. From the extreme faintness she was now in, the discharge and pain were abated; but as the Uterus was very little open, as she had no pain, and was so much sunk, there seemed to be no reason to expect assistance from

from nature, and no chance but from an immediate delivery.

I SENT for another surgeon, to justify what I did: he agreed with me that it was the only chance of relieving her, though a very poor one.---However, as he approved it, and the friends of the patient consented to it, I proceeded to turn the child. I found, as soon as I had introduced one finger into the Os Tincæ, that the *Placenta* was situated as in the last case, and I was now able to insinuate my finger and hand through the substance of it, which, as I before observed, is an advantage. The child was in a natural posture; but I passed the head, got hold of the feet, and by them brought it away with all desirable facility. The woman immediately, and for some time after delivery, appeared rather better, as she took nutriment, and was rather revived; but nature was unable to recover from the great

loss

loss she had sustained, and she died about six hours after.

CASE XV.

JANUARY 21, 1774. —— *Bond.* This was a patient of the same gentleman who was with me in the last case. He sent for me in the evening, and the woman was then in the same dreadful state that my last patient was in when I sent for him.

He informed me that he had seen her the preceding evening, that she was then, to all appearance, in perfect health, but that she had been alarmed by a small discharge of blood from the Uterus: he bled her, gave her an anodyne, ordered her to be kept cool and quiet, and saw her the following morning. She had a good night, and the appearance of blood was not more considerable; but in the evening it had suddenly increased to a most violent degree, insomuch as to have reduced

reduced her, in a short space of time, to the deplorable state in which we found her.

She seemed to be dying; but as we thought it justifiable to give her the only possible chance, by turning the child, by his leave I introduced my hand: the Uterus was shut, though loose and relaxed, and as soon as I got one of my fingers into it, I found the *Placenta* fixed to the mouth of it. In this case I could not pass through the substance of it, but separated it on one side, got my hand within the membranes, turned and brought away the child with the same remarkable ease as in the other case; but this was attended with no better success than the former case, for she died in half an hour after delivery.

REMARK.

The unhappy events of the two last related cases seem at first to contradict a remark

made but a few pages before, as it may, perhaps, be thought that it would have been safer to have deferred the delivery longer, because the Os Uteri was so little open in either of them.

But, so far from the turning having been prematurely done, I am convinced its want of success was owing solely to its having been too long delayed; for when I proceeded to deliver, the woman had every symptom of approaching death, and though my principal motive in turning was to give them a chance of recovery, as no other means could possibly do it, yet I was likewise further induced to attempt it, that I might be satisfied of the situation of the Placenta, which, about this time, began to excite my attention; and I well remember urging this to the gentleman who was with me, as an additional reason why I wished to do it, as from their being so much reduced

by

by the great loss of blood, he at first rather discouraged it.

The singular ease with which it was effected in both cases, is likewise, in my opinion, a positive proof that no mischief was brought on by turning; for, with respect to that operation, it has been before observed, that difficulty in doing it is the true mark of danger, and facility is therefore that of safety.

If I had not delivered, very probably I should not have had an opportunity of opening the bodies after death, and as, consequently, I should have known nothing of the Placenta, I could not possibly, with so much certainty, have made the distinction I have since done, between floodings which are *accidental* and those which are *unavoidable.*

It may not be improper further to remark

 here,

here, that in the management of the cases which have hitherto been related, I was influenced by no other circumstances than those which are usually attended to in floodings, namely, the quantity of blood which had been lost, and the seeming strength of the patient; for though the Placenta being found at the mouth of the Uterus was, in the cases of *Welden* and *Freeman*, an additional inducement to my turning, yet the idea of the frequent recurrence of such a circumstance did not strike me till those of *Playford*, *Marshall*, *King*, and *Bond*, had fallen under my notice; nor, indeed, was I sensible of the importance of an early enquiry, whether the Placenta was or was not so situated, till the two last cases happened, in both which it appeared so evident, that had its situation been sooner known, the children might have been brought away before so great a quantity of blood had been lost, and very probably the lives both

of

of the mothers and the children had been saved.

CASE XVI.

JANUARY 24, 1774. I was sent for, on the evening of this day, by the same gentleman with whom I had been in the last case to —— *Flood*, who was at the latter end of the ninth month of pregnancy, and had, just before he saw her, been seized with a Uterine Hæmorrhage, but much blood had not yet been lost. I advised a careful and immediate examination of the Uterus, to know whether the Placenta was situated at the mouth of it, and that the management of the case should be influenced by the information thence gained.--- This examination was accordingly made, and we were convinced that the Placenta was *not* there. We therefore directed an anodyne, ordered her to be kept still and cool, and left her.

From this treatment, the discharge for some hours abated; but it returned in the morning, accompanied, however, with slight pains, which were increased by gently irritating the Os Uteri with the finger, till the membranes swelled, and gave us an opportunity of piercing them: more pains succeeded, and the patient was at length safely delivered, by their sole assistance.

CASE XVII.

APRIL 7, 1774. I was called in the morning to —— *Howlett*, a poor woman, who was seized with a flooding at the end of her ninth month. At the time I saw her she had a midwife with her: I examined her in the same manner I had done the last patient, and being fully satisfied that the Placenta was *not* in the way, I gave the same directions as were observed in the last case. The discharge in like manner abated, and towards the evening she was safely delivered

delivered by the natural pains, having no other assistance than the midwife who was with her at first.

CASE XVIII.

MAY 18, 1774, a very delicate relaxed lady, in the beginning of the ninth month of her first pregnancy, soon after getting her breakfast, had suddenly a slight discharge of blood from the Uterus, occasioned, as she imagined, by a smart shock of sneezing. She was immediately carried to bed, and I was sent for.

THE discharge continued, but was not increased in quantity, and in about half an hour I had an opportunity of examining, and found the Os Uteri quite close and unyielding. As the Vagina was very strict, and there had not been discharge of any kind to relax it sufficiently for the admission of the hand, without considerable pain, and greatly

greatly alarming the patient, who had no apprehension of the danger of her situation, I ventured to defer the enquiry, and made use, at first, only of the methods commonly used to restrain it; but I thought it right to stay with her. The Hæmorrhage was thereby kept from increasing many hours; but before the next morning it became more formidable, so that I thought it imprudent to remain any longer ignorant of the cause of it. I therefore examined in the way before directed, which was now done with tolerable ease; and finding that the Placenta was *not* at the mouth of the Uterus, I still waited for the natural pains, and endeavoured to excite them by the gentle stimulus of the finger on the Os Tincæ. In about two hours they came on, and pushed down the bag, which I soon opened; the discharge abated, and the head descending by repeated and gentle pains, she was at length safely delivered of a dead child.

CASE

CASE XIX.

JULY 14, 1774, about eleven o'clock in the forenoon, I was sent for to —— *Fearman*, with whom a midwife had been several hours. She was in her ninth month, had a small but increasing discharge from the Uterus, was faint, and without labour pain. I examined carefully, without losing any time, and being convinced that the Placenta was *not* at the Os Uteri, I gave her hopes of being released by the natural pains; to effect which I rendered the air as cool as I could, lessened the number of bed-cloaths, and endeavoured to excite pain, by gentle irritation on the Os Tincæ. The discharge became less; but no pain coming on, I left her, with directions to be called again on return of flooding or coming on of pain.

In a few hours after, I was sent for on the former account: I then repeated my

efforts to excite the Uterus to act, and at last so much pain came on as protruded the membranes, which, as before, I instantly broke; more pains succeeded, the Hæmorrhage stopped, and to the surprize of the patient and her attendants, a few very trifling pains expelled a living child.

CASE XX.

NOVEMBER 8, 1774, I was sent for to a poor woman at *Ringland*, about six miles from this city. The messenger's account of her was, that she had been flooding, more or less, for several days; that the discharge had that morning increased immoderately; and that the midwife who was with her was greatly alarmed, and thought herself unable to relieve her. From this description of her I told him there was very little probability of finding her alive; and my conjecture proved true, for she had been dead about an hour before we got there.

THE

The midwife who attended her, being an intelligent and communicative woman, I learned from her that her patient, who was in her last month of pregnancy, had been as well as usual during the former months; but six days before, without any previous complaint, a slight discharge came on, accompanied with some pain, which, however, stopped of itself, and the pain went off; that it had returned several times, and at each time in an increased quantity; that she had examined her at several different times, but found the mouth of the womb shut; and with the last attack, which was the morning of that day, and was more violent than any of the preceding ones, she had very considerable pains, and expressed such strong signs of bearing down, that she thought her near delivery; and in that state she again examined her, and then found the Os Uteri considerably open: she removed several coagula of blood, which

were in the Vagina and at the mouth of the womb, and expected to feel the head of the child, but in its stead she found (to use her own words) a *strange lump of stringy substance,* unlike any thing she had ever before felt: the flooding still continued, the blood pouring forth with every pain, till the poor creature fell into a fainting, from whence she did not recover.

I WAS desirous of opening the body, to be convinced of the situation of the Placenta, but could not obtain the consent of the by-standers. There can, however, I think, be little reason to doubt its being at the Os Uteri, as nothing else could answer the midwife's description of a *lump of stringy substance,* or could hinder the descent of the child, when nature was assisted by such strong pains, and when the mouth of the womb was so much open. I asked her if she had ever before found the Placenta in

such

such a situation: she told me she had never, till now, been with a patient who flooded before delivery, though she had attended several hundred women; but she believed this could be nothing else.

CASE XXI.

NOVEMBER 20, 1774, a midwife, with whom I have before frequently been, called upon me for my advice about a patient she was then going to, whose name was *Bailey*, and with whom she had been the day before, at which time there was a slight flooding, which had been then checked by keeping her still and cool; but she found it was at this time returned.

As I could not conveniently go with her, I desired her to be very careful in examining the patient, and to be satisfied whether there was any thing unusual at the Os Uteri, in which case I desired her to send for me; otherwise

otherwise she might safely wait the coming on of pains, in the mean time keeping her cool, and in bed.

She called on me the next day to inform me she had pursued my advice; that the mouth of the womb was opening, but she found nothing there like what I had described to her.---She therefore, agreeably to my directions, waited, and notwithstanding the continuance of the discharge, she was safely and easily delivered, by the natural pains, before the following morning.

CASE XXII.

DECEMBER 16, 1774, —— *Smith*, a healthy strong young woman, in the last month of pregnancy, sent for me in the evening, having had, for several hours, a discharge of blood from the Uterus. I immediately introduced my hand into the Vagina, and with one finger in the Os Uteri, which

which was soft and yielding, I imagined I found the Placenta; but upon further examination was satisfied that it was nothing more than a coagulum of blood, as I very evidently felt the membranes, with the head of the child behind them. The dilatation produced by this examination was sufficient to have rendered the introduction of the hand into the Uterus, to turn the Fœtus, very practicable, if it had been necessary; but being confident of the great probability there was of nature's being able to expel the child in due time, I thought it right to endeavour to restrain the present discharge, and wait for pain. This was soon effected by the usual means, and there seemed a probability of her going to her full time, if kept still and cool, for it had stopped entirely for two days.

It returned, however, on the third day from the first attack, when it was probably occasioned by some imprudent exercise in the

the woman, as she had not yet gone her full time; but being now accompanied with pains, the Uterus opened, the child was pushed down, and expelled with remarkable ease. The Hæmorrhage in this case rather increased after the delivery of the child, and did not abate till the Placenta was removed, which did not descend so soon as it usually does.

CASE XXIII.

DECEMBER 21, 1774, I visited Mrs. *L*—. She was in her last month of pregnancy, and had a slight discharge of blood from the Uterus the preceding day; but it was stopped when I was with her, and she had no pain. I had not an opportunity of examining the womb: I therefore only recommended stillness and rest, and desired to be again sent for if it returned in the least degree.

On

On the 25th I was sent for early in the forenoon, the discharge having returned, and being then considerable, I immediately examined, and, as in the last case, imagined I felt one edge of the Placenta on the posterior side of the Os Tincæ, but on my tracing my finger compleatly round it, I distinctly felt the membranes, and the child's head behind them; I ventured, therefore, to wait, and gave my patient hopes of being safely delivered, without any other than the usual assistance; from cooling the air, &c. it again abated, nor was there any return of it during the remainder of the day, and the following night. About nine o'clock the next morning, the 26th, she was again alarmed by a return of it, and with increased violence; upon examination, I again thought there was an edge of the Placenta in the mouth of the Uterus, but as it could be but a very small portion of it, and as there was sufficient passage for the child, and, moreover, during

the pains, which now came on, as the discharge did not increase, but stopped, I thought it still safe to wait, and endeavoured immediately to break the membranes, which, with some difficulty, I effected; the discharge became less, but the pains went off, and by keeping her very cool and free from motion, the Hæmorrhage was inconsiderable all the day and the following night.

On the 27th, about six o'clock, it came on again, and in a larger stream than ever; as her pains were still but trifling, and, from the frequent return of the flooding, she had lost a large quantity of blood, I began to apprehend danger, and almost to think I had done wrong in so long trusting to nature; I was therefore, for some time, embarrassed to determine what was now best to do, but it being again checked by admitting the cold air into the room, which had not been sufficiently attended

to

to in my absence, I was once more encouraged to wait, and, fortunately from this time, there was no great return of it; in about two hours the pains increased, the Uterus opened, and the head came forward; and though from its being large, and the Pelvis not a good one, the progress of the labour was much slower than I had ever before found it in similar circumstances, it terminated safely by nature's sole assistance, before one o'clock; the Hæmorrhage was inconsiderable after delivery, and my patient, though much reduced, and being in other respects a sickly woman, recovered entirely.

There was a peculiarity in the form and texture of the Placenta in this case that deserves notice, as probably, the Hæmorrhage was, in some measure, occasioned by it; instead of the usual circumscribed and circular cake, thick in the middle, and becom-

ing less and less towards the edges, it was an uneven mass, thinly, and, in some places, almost superficially spread over near one side of the Uterus; the edges of it terminated in a broken manner, forming somewhat like the lines of a very irregular island on a map, and one edge making almost a detached lobe, hung down on one side of the Os Tincæ, and was, I was now convinced, what I had before felt, and what had probably produced some of the flooding, but the principal discharge seemed, by the discoloration of the Placenta, to have arisen from a separation of it higher up in the Uterus.

CASE XXIV.

JUNE 19, 1775, I was sent for to —— *Hoole*, a poor woman, under the care of a midwife: she had been flooding several hours, and in the last half hour, the discharge had considerably increased. I immediately examined with *my hand in the Vagina*,

Vagina, (for with the finger only I could but just touch the outside of the Os Uteri), and found, by introducing one finger into the Uterus, that the Placenta was at the mouth of it: she had lost a considerable quantity of blood, and was very faint, but did not appear to have suffered so much as to have induced me, had the Placenta not been there, or had I made no enquiry to find it, to have turned the child; but being convinced of the danger of delay, I determined to deliver, and previous to my doing it, sent for a surgeon who had been before with me in some of the foregoing cases.

When he came I told him the woman's situation, and desired him to examine in the common way, with one finger only, which he did, but could find nothing unusual at the mouth of the womb; I then desired him to introduce his hand, as I had done; he did this, and immediately discovered the Placenta;

centa; he, therefore, agreed with me in the propriety of immediate delivery.

I INTRODUCED my hand into the Uterus, and found the child lying in the natural posture, I passed the head, and with tolerable ease got hold of the feet, brought them down, and extracted a dead child.

THE woman remained extremely languid for some time after delivery, but, notwithstanding this, and that she laboured under every disadvantage produced by extreme poverty, and a remarkable ignorance in her assistants, having neither pure air, clean linen, and scarcely common nutriment for several hours, she yet perfectly recovered.

REMARK.

As this woman had not gone her full time, being, according to her own account, in the middle of the eighth month, which seemed true

true from the smallness of the child, I expected to have had some difficulty in introducing the hand, the Uterus not being compleatly distended, but notwithstanding the mouth of it was but little open, it gave way with the same ease I have ever observed in these cases, and the delivery was effected with no more than usual trouble.

The necessity of introducing the hand into the Vagina, and admitting one finger into the Uterus, in order to distinguish with certainty whether the Placenta be at the mouth of it or not, has been before observed, and several of the former cases have proved the propriety of it. In *Playford*, *King*, and *Bond*, it was not found till the hand was admitted for the purpose of turning, and in *Marshall*, though the usual examination was made before she died, it was not known till the Uterus was opened; in the present case it not being discoverable by two different persons

persons who examined at first in the usual way, is a very remarkable proof of the necessity there is for doing it; I therefore, thought it right again to take notice of it in this place, as it may perhaps, more strongly, impress the reader.

CASE XXV.

JULY 1, 1775, —— *Sherringham.* In the course of the preceding week she had several times had a slight Hæmorrhage from the Uterus, which returning more considerably this morning, made her send for her midwife: it continued during the day, accompanied, however, with slight pains; but as they did not increase, the flooding continued, and she became faint, I was sent for about six o'clock in the evening.

I IMMEDIATELY examined, as in the last case, and was satisfied that the Placenta was *not* at the mouth of the womb, as I very distinctly

tinctly felt the head of the child presenting: I therefore waited, and endeavoured to excite pain, and, as soon as I was able, broke the membranes; her pains became stronger, the Os Uteri dilated, and the flooding entirely ceased, and I expected she would have been delivered with the ease and quickness peculiar to these cases; but in this I was disappointed, for it proved very laborious, and the head descended into the hollow of the Sacrum so slowly, that she was not delivered till one o'clock in the morning. It was a large living child, the Placenta was carefully removed, the discharge was trifling, and the woman perfectly recovered.

CASE XXVI.

Mrs. *B*—, the subject of the following case, was patient to the same gentleman who has favoured me with his assistance in several of the former cases. She is a woman of a

very tender and delicate constitution, has been mother to seven children, and has had very bad health for several years past.

August 20, 1775, being at her full reckoning, she had the preceding day, and all the night, small pains in her back, which she considered as the fore-runners of labour. About nine o'clock in the morning the pains suddenly became stronger, and she felt a pressure upon the lower part of the Uterus, which was followed by a discharge: it was in a considerable quantity, and she imagined it to be water, till, upon examination, she found it blood. She immediately sent for her surgeon, who came to her about ten o'clock: the pains had then entirely left her, but the discharge continued slowly trickling from the Uterus. As soon as he had an opportunity he examined *with the hand in the Vagina*, and distinctly felt the Placenta at the mouth of the womb: he soon after sent

for

for me, and I was with the patient about eleven o'clock.

She was still without pain, and the discharge was less in quantity, and of a paler colour. I examined in the same manner he had done, and found the Placenta in the before-mentioned situation: the Os Uteri was dilated to about the size of a shilling; but upon my attempting to introduce three fingers into it, it contracted so closely round them, and was so rigid, that I concluded the delivery would as yet be attended with too much difficulty to render it adviseable; and as there had not yet been bleeding sufficient to injure her, and it was now almost entirely stopped, we thought it right to wait till the parts were more relaxed by discharge, or dilated by pain: but we staid with the patient, saw every cloth which had been used, and examined the Uterus alternately once in an hour.

About three o'clock there came on such pains as she before had in the night, but they were not sufficient to open the Uterus more, and therefore did not increase the bleeding. About five o'clock the pain suddenly became more violent; the Uterus was more widely dilated by it, which producing a further separation of the Placenta, a fresh discharge was occasioned, and it was now rapid and considerable. There was, therefore, every reason to justify immediate delivery: the Os Uteri was more dilated; it was more relaxed and more yielding, and the Hæmorrhage was so considerable that a further delay might have been attended with the utmost danger. He therefore, proceeded to turn, which he did slowly, but with great ease, and extracted a living child.

There was no discharge of consequence immediately after delivery, nor whilst we staid

staid with her, which was more than half an hour; but upon my calling again in the evening, I found the room too warm, and she was much more faint than she had before been: but from cooling the air, and adding a little pressure to the Abdomen, it abated; she had a tolerable night, and was nearly as well the next morning as she usually found herself after labour.

REMARK.

The happy event of the above recited case has afforded me peculiar satisfaction, as the management of it, from the beginning of the complaint, was in exact conformity to the directions I have given, and it appears to be a full proof of the propriety of them; for supposing it had been treated in the way commonly adopted, the situation of the Placenta would not have been known so early; and, supposing that circumstance not to have been thought of, as after the discharge

discharge there was no pain, and the bleeding was inconsiderable, no one, I am persuaded, would have scrupled leaving the patient in the forenoon. The surgeon, in such case, probably would not have been sent for again till the evening, when the pain and Hæmorrhage returned so suddenly and profusely, that as some time must necessarily have been lost before he could have been with her, it is not unlikely but at his arrival he might have found her in the same situation, that, under similar circumstances, the women, mentioned in cases No. 14 and 15, were found in, and might, therefore, have been unable to save her.

It may not be improper, likewise, to observe, that the precise time for turning the child seems very happily to have been hit upon; for had we proceeded to deliver before the Uterus was sufficiently relaxed, there certainly would have been great difficulty

culty in effecting it, and the woman might, very probably, have suffered materially from the violence that must in that case have been used; and, on the other hand, if we had waited for a further dilatation of the womb, as that could not have taken place without an increase of the discharge, she, very likely, would have been unable to sustain the loss of blood, more especially as the extreme weakness of her constitution, and the bad health she had for some time been in, rendered her a very improper subject for either extreme.

CASE XXVII.

SEPTEMBER 16, 1775, about five o'clock in the afternoon, I visited —— *Olley*, a poor woman who was near her full reckoning. She had a discharge of blood from the Uterus, which first came on about a month before; but it had never been profuse, as it abated by rest, and an horizontal posture,

posture, and returned only upon any considerable exertion, in walking, stooping, &c. It was this day, however, a good deal alarming, being much increased in quantity, and accompanied with pain.

I INTRODUCED my hand into the Vagina, and, from a careful examination of the womb, was satisfied that the Placenta was *not* at the mouth of it. In making this enquiry, I was able to break the membranes: a considerable deal of water escaped, and the Hæmorrhage instantly ceased; and, though sufficient pains did not immediately come on, she was, about seven hours after, safely delivered by their sole assistance, of a large living child.

CASE XXVIII.

SEPTEMBER 18, 1775, I was called about midnight to the wife of —— *Baxter*, another poor woman, under the care of a midwife.

midwife. I was informed, that in the course of the preceding three weeks she had frequently been alarmed with a discharge of blood from the womb, and that for about two hours before my arrival, she had been flooding most profusely. Though she was very near her full time, there were not any symptoms of labour, nor had she yet had the most trifling pain. She was extremely faint, her pulse were hardly perceptible, and she appeared so much reduced as to be in the most imminent danger.

I INTRODUCED my hand into the Vagina, and found it full of coagulated blood, and with my finger carefully examined the mouth of the Uterus, which, though very little open, was, from the long continuance of the Hæmorrhage, loose and dilatable. Being convinced that the Placenta was *not* in the way, I endeavoured to break the membranes, but I could not do it so soon as in the last

 case.

case. After several repeated attempts, however, I at length succeeded, and a very large quantity of water poured forth, by which means the Hæmorrhage was immediately suppressed.

I CONTINUED a little stimulus to the Os Uteri, and it evidently brought on pain, which gradually increasing, the parts became more open, and, in two hours from my first seeing the patient, without there being any return of bleeding, not even so much as to occasion the least stain in examining, she was safely delivered by the natural pains; and the child, notwithstanding the great loss which had been sustained, was born alive and vigorous. The Placenta came away without trouble, and no material discharge accompanied it. She remained faint for some time after delivery, and was very feeble for several days; but nothing afterwards occurred to prevent her recovering in the usual time.

REMARK.

REMARK.

As the flooding in this case was so very profuse, as the patient had not the least pain, and was likewise extremely reduced, it is not unreasonable to suppose, that I should have been induced to have turned the child upon my first seeing her, if I had not before experienced such extraordinary proofs of nature's ability to expel the child, when the Placenta was not in the way to prevent the opening of the womb, and when ever so little pain could be excited by stimulating the Os Tincæ. At the same time it appears very likely, that debilitated as she was, she would have been unable to support any other than the gradual and gentle dilatation of the womb, which nature effected, and that therefore such a method of treatment would, probably, in this case, have been unsuccessful.

CASE XXIX.

DECEMBER 18, 1775. Mrs. *F*——, (whose constitution had suffered considerably, from having had excessive menstrual discharges for several years,) was at this time in the beginning of the ninth month of her first pregnancy.

Without any preceding illness or pain, she was seized with a very profuse Hæmorrhage from the Uterus. I was with her soon after its coming on, and found the Os Tincæ very little open, but relaxed sufficiently to admit the finger for examination. The Placenta *not* being situated on the Os Uteri, I pursued the same methods to suppress the flooding which have so often been before related; it soon became less, and in about two hours from the first attack of the complaint, labour pains came on, the Uterus dilated, and the podex of the child was pushed

pushed down, which being small, and the parts of the woman much relaxed, was with great ease brought forth. The child was living, and the mother did well.

CASE XXX.

APRIL 26, 1776. A lady at some distance from Norwich, who has had several children, and was then in the beginning of the eighth month of pregnancy, had, a few days before this date, a discharge of blood from the Uterus. She was attended by a gentleman of the neighbourhood, who, upon its increasing this day, desired that I might be sent for. At my arrival the Hæmorrhage was very inconsiderable, and finding the state of the Uterus had been examined, and that the Placenta was *not* at the mouth of it, we recommended the usual palliatives to be used if it again returned, and desired she might be kept exceedingly still. The flooding did not return till two days after,

and

and it was then accompanied with pain, which proved sufficient to expel a small living child.

CASE XXXI.

MAY 1, 1776. Mrs. *H*—— lives about nine miles from this city, and was patient to a surgeon who lives in the same place. Being at this time at her full reckoning, she was taken with labour pains, which were attended with a discharge of blood from the womb. As it increased with the increase of pain, he desired I might be sent for, to assist in the management of the case; but being at that time engaged with another patient, who would not permit me to leave her, another gentleman was called upon, who went instead of me. Before his arrival, another surgeon who lives in the neighbourhood of the patient was also sent for, from whom I learned that an enquiry was made for the Placenta, which was found at the

Os

Os Uteri; and as the Hæmorrhage had then been of many hours duration, and much blood had been lost, it was determined immediately to extract the child by turning it, which was accordingly done, and it proved, happily, the means of saving the patient.

CASE XXXII.

MAY 21, 1776. —— *Jeary,* a poor woman belonging to the town, under the care of a midwife. She was nearly at her full reckoning, and was suddenly seized with a profuse discharge of blood from the Uterus. I saw her about an hour after its coming on, and immediately made the necessary enquiry whether the Placenta was situated on the Os Tincæ or not: it was *not* there, and the womb was open enough to allow of puncturing the membranes, which instantly lessened the flooding, and soon after gentle pains came on, which expelled a dead child, with

with the ease peculiar to this relaxed state of the Uterus.

CASE XXXIII.

MAY 26, 1776. Mrs. *N*—— was in the beginning of the ninth month of pregnancy, and had been confined to her bed several days, before I saw her, with a feverish complaint, and a slight Uterine Hæmorrhage, but without any symptoms of labour.

A CONSIDERABLE increase of the latter was the occasion of my being sent for this morning. I found the discharge in an alarming quantity, and my patient much reduced by it. Upon examining the Uterus, I found the Placenta was *not* in the way. I endeavoured to excite pain, by stimulating the Os Uteri, which succeeded so far as to enable me to pierce the membranous bag. The flooding immediately abated, the parts opened, and, to the surprize of the patient

and

and her attendants, she was very soon and very easily delivered of a small dead child.

CASE XXXIV.

JULY 7, 1776. —— *Chaplin.* She was in the last month of pregnancy, and an Uterine Hæmorrhage, unattended with labour pains, came on the day before I saw her. It was this day much increased, and was so considerable, that the woman was much weakened. The Placenta was, upon examination, found *not* to be at the Os Uteri, and irritating the parts, &c. as in the last case, brought on pain, hastened the delivery, which was singularly easy, and the child a living one.

CASE XXXV.

AUGUST 27, 1776. —— *Craske.* She had borne many children, and had now gone her full time of this. For several days

before the date hereof, she had slight labour pains, accompanied with an increasing discharge of blood from the womb. Just before I was sent for to her it was very rapid, and a large quantity was suddenly lost. Finding her extremely faint, I immediately introduced my hand, and with a finger in the Uterus, I distinctly felt the Placenta adhering to the mouth of it. My patient had suffered too much by the great loss she had sustained to admit of delaying to turn the child, and the Os Tincæ, though not much opened, was so much relaxed as to convince me I might with safety attempt it. I therefore immediately did it, and with the same ease I experienced in all the former similar cases.

The child was born dead, but the mother, though extremely faint and languid, perfectly recovered.

CASE

CASE XXXVI.

OCTOBER 5, 1776. Mrs. *W*—— lives about two miles from my house. She was at this time in the beginning of the last month of her fourth pregnancy, and was suddenly seized with a flooding, unattended with labour pain. I was immediately sent for, and found her fainting. Upon enquiring with the hand, I found the Placenta was *not* in the way, and the discharge became less by admitting cold air into the room. I waited with her some time, till it was very trifling; and as there seemed no probability of labour approaching, I ventured to leave her, notwithstanding her distance from me, gave the usual directions to be observed in my absence, and desired I might be sent for immediately upon the return of the bleeding, or upon the coming on of pain. I was twice sent for on the former account, but the discharge was as easily suppressed as at first,

and I was still unable to puncture the membranes; but on the evening of the third day, from the first attack of the complaint, nature was more disposed to relieve her, for such pain came on as, with the stimulus of a frequent examination, gradually opened the passage, and a small living child was expelled with tolerable ease; after which there was no return of the Hæmorrhage, and no accident happened to retard the mother's recovery.

CASE XXXVII.

NOVEMBER 28, 1776. Mrs. *P*—— has had many children, was always very full of complaints in the two last months of pregnancy, and has usually had bad labours.

During the last three or four weeks before the above date, being in the last month of pregnancy, she at times found a discharge of blood from the Uterus; but it had never been

been considerable enough to make her consent to a confinement, nor to induce her to give me leave to examine the state of the womb. During the day of the 18th of November, being, as she imagined, at her full reckoning, she had slight pains, which she considered as the fore-runners of true labour. In the night they became stronger, and though there had been none of her usual discharge, for more than the last twenty-four hours, it now suddenly returned, and was in an alarming quantity. I was immediately sent for, and, living in the neighbourhood of the patient, was very soon with her; but the pains were now gone, the flooding was abating, and soon stopped entirely. I introduced my hand, and distinctly felt the Placenta on the Os Uteri, and from thence concluded that it would be necessary to turn the child; but the Uterus was neither open nor relaxed enough to admit of its being immediately done. I waited therefore

in

in expectation of the return of the pain and discharge, and continued with her the remainder of the night and all the next day; but during the whole time there was not the least return of either. She was very little faint, and got at times refreshing sleeps. After this long attendance, and the symptoms of labour being thus entirely gone, I ventured to leave my patient, not, however, without much anxiety, lest her labour should suddenly come on, and be attended with such a discharge as possibly to demand manual assistance before I could be with her; to obviate which, as much as possible, I desired another surgeon, who lived near, might attend with me, and who therefore might, probably, be in the way to assist her, if any thing should happen to prevent my coming to her upon the first alarm.

She remained in this disagreeable state of suspense till the 28th, on the evening of which

which day the symptoms of labour again came on. I was fortunately with her before the Hæmorrhage was considerable; but it increased as the Uterus opened. I again introduced my hand, and now could feel one edge of the Placenta, as the centre of it did not immediately lie over the Os Internum. The womb being, by this time, disposed to give way, I easily passed my hand on one side of the Placenta into the Uterus, and as the Podex presented, I had not the trouble of going to the Fundus, but easily brought down the feet, and extracted a large living child, without any accident happening to injure it, or endanger the life of the mother.

REMARK.

The distance of time from my first finding that the Placenta was situated on the Os Uteri, to the time when it was practicable to extract the child, having, in this

this case, been so great as to have rendered it next to impossible for me to have followed strictly a rule which I have considered, in the Essay, as essentially necessary for the woman's safety, and which directs that the surgeon should, on no account, leave his patient under such circumstances; it may not be improper to point out some directions, which may possibly assist us in determining how far we may venture to follow the practice of this embarrassing case, in future ones, which may prove similar to it.

But as the Hæmorrhage, in these cases, depends entirely upon the coming on and progress of labour, as the symptoms which occur at the first onset of labour are frequently so equivocal, and as there must always be such an uncertainty of knowing upon the going off of these symptoms, when they will return, I fear it will be out of our power to give any which will be totally satisfactory;

satisfactory; for, independent of the rule above alluded to, and which I would still strongly urge, even in such a case as this, where the surgeon's other engagements will permit him to comply with it, I confess I know of none which can be wholly free from hazard. All that occurs to me in any degree likely to answer this purpose, and which is what principally influenced me in the last recited case, is, to observe, as accurately as may be, the causes which take off the pains; distinguishing, if we can, between those which spring from nature, and which produce an entire *cessation* of labour, and those which arise from accidental circumstances, and which may be considered as occasioning only a *suspension* of it.

The alarm which a patient sometimes feels when the surgeon first enters her room, the surprize of seeing unexpected strangers, of suddenly hearing any intelligence in which

she is much interested, or the occurrence of any circumstance which at all agitates the passions, are well known frequently to take off the strongest and most promising pains; and in floodings it happens very often, as appears from many of the foregoing cases, that the faintness which is brought on by the loss of blood, produces likewise the same effects. When the absence of pain, then, arises from any of these or similar causes, it is very reasonable to expect when they are removed, or when they have lost their influence on the patient, that it will immediately return; and as few of these causes can be very permanent, it must be very probable that this return will be soon; and moreover that it will be without any of those forewarning symptoms which usually precede the first attack of labour. It is obvious, therefore, when the flooding is checked by such a *suspension* of labour as that now described, that at all events it would be improper to leave the patient.

But

But it frequently happens, and that too before the most natural and easy labours, that pains very much resembling true labour, and which in some degree dilate the Os Tincæ, shall come on, and alarm the patient and her attendants with the expectation of delivery being near, and yet soon after, and without any apparent cause, shall entirely go off, leave the patient as well as usual, and not return till the time of delivery; which in some cases may be many days, or even weeks after the first alarm. If this should happen when the Placenta is situated on the Os Uteri, the effects of it, with regard to Hæmorrhage, would *probably* be these: that at the first coming on of these spurious pains there would be some discharge; that upon the pains going off, the flooding would cease; that if the woman were carefully kept still, it would not return till the time of real labour, which, as observed before, might be very remote, and that then, as the parts would be in the same

state as if there had been none of these false pains, it would be preceded by such symptoms as would give sufficient time to have the surgeon ready to assist the patient before any considerable loss had taken place. This seems to have been exactly the state of the case above related, and the good success which attended it argues, at least, a probability, that after such an entire *cessation* of labour has taken place as that now described, no harm would arise from leaving the woman.

After all, however, I would be understood to deduce no more from this view of the circumstances which may attend this peculiar case of flooding, than that, on the one hand, if there be only a suspension of labour, it would be absolutely wrong to leave the patient; and on the other hand, if we have waited long enough to be convinced that the labour is entirely gone off, that though it would still be more secure to stay with the patient,

patient, yet there is some reason to believe we may then leave her without hazard; which if we venture to do, I cannot help repeating the necessity there is of being pretty sure the absence of pain is not produced by any of the accidental circumstances before enumerated, and more especially that of faintness.

CASE XXXVIII.

MARCH 24, 1777. —— *Darking;* she was at the latter end of the eighth month of her first pregnancy. About two o'clock in the morning she was awakened by a discharge of blood from the Uterus, unaccompanied with pain, or any of the symptoms of labour; it was at first very considerable, but it was so much abated in half an hour, that she thought it, then, unnecessary to send for any assistance. In a few hours, however, it returned with an increase of violence, and I was sent for about six o'clock. I found the discharge

charge still continued, and the woman was very faint, I therefore immediately examined, and was fully convinced the Placenta was *not* at the Os Uteri; during the examining, there came on some pain, and the membranes soon broke, and the Uterus opened, and a small dead child was expelled in about half an hour after my arrival, and without much pain to the mother, who suffered no inconvenience from the Hæmorrhage, than a temporary weakness.

CASE XXXIX.

APRIL 10, 1777. I was this day sent for to Mrs. *G*——, at a village about eight miles from Norwich. Being engaged at the time, a gentleman who is conversant in the mode of practice, recommended in the preceding Essay, went instead of me. He found her under the care of an intelligent and experienced surgeon in the neighbourhood, and was informed by him, that his patient was

near

near the full time of her second pregnancy, and that she had been seized in the forenoon with slight pains, accompanied with a discharge, which though it had not yet been very considerable, was increasing. It was resolved to make the necessary enquiry for the Placenta, and manage the case agreeable to the result of it; this was immediately done with the hand in the Vagina, and the Placenta was distinctly felt to be at the Os Uteri, but the Hæmorrhage was now much less, the Uterus very little open, and there was a peculiar rigidity of the Os Tincæ, which appeared very unfavourable to that artificial dilatation of it, which the case required; more especially, as it was observed by the surgeon who attended first, that her former labour had been very long and laborious, from this part having been singularly hard and unyielding. It was, therefore, judged proper to defer the introduction of the hand for delivery, till an increase of pain or discharge

charge had rendered the Uterus more dilatable. They both, accordingly, waited a considerable time with her; but, by degrees, the pains went off, and the discharge stopped. It being now very uncertain when the true labour pains would come on, one of the gentlemen went away, and the other staid with her during the night, and as much afterwards as his other engagements would admit of. She remained free from pain or flooding till the 12th, and the return was fortunately not, at first, so quick, but there was time to send for both the surgeons before the loss of blood had been great; however, true labour seemed now to be come on, and the Hæmorrhage soon became considerable, but the Os Uteri being much more dilatable than in the first examination, it was determined to proceed to immediate delivery; the hand was therefore passed into the Vagina, the substance of the Placenta was pierced through by the fingers, and the hand being admitted through the opening

opening into the Uterus, the child was extracted with ease and safety. The discharge was very little increased during the operation, it was suppressed when the Uterus was completely emptied, and the woman had a happy recovery.

REMARK.

The circumstances attending this case being similar to those of Case 37, the remarks which arose from that are exactly applicable to it; and this second instance of a patient's being left in this situation, without receiving any injury, undoubtedly strengthens the reasoning which is there made use of. But I should be sorry if the success which attended these two particular deviations from the general mode of practice which I have before recommended, were ever an encouragement to run the risk of leaving a patient in circumstances other than such as exactly resemble these, and even then, if the sur-

geon's other engagements are not absolutely incompatible with a long attendance.

CASE XL.

APRIL 15, 1777. *Foulsham.* I was called to this woman's assistance in the forenoon of this day. She was near her full time, and under the care of a midwife. For several hours before I saw her there had been an excessive discharge from the Uterus, few of the women in any of the preceding cases having lost more blood, so that she was extremely faint; but nature, by this time, made efforts to relieve her, for the Os Uteri opened, and the Placenta *not* being in the way, a small dead child was expelled with remarkable ease, and very little assistance; after which the flooding stopped, and the woman did well.

CASE XLI.

JUNE 27, 1777. Mrs. *C*—— was in the middle

middle of the eighth month of her first pregnancy. The day before this she received a fright, which was followed by a considerable Uterine Hæmorrhage. I was sent for, and immediately made the necessary examination. The Placenta was *not* at the Os Uteri, and the discharge was soon checked by the palliative means. She remained free from the complaint till the following afternoon, when it again came on; but nature was then more disposed to relieve her, for true labour pains came on, which opened the Uterus, and expelled the child and Placenta so hastily, that though the former came footling, she was nearly delivered before any assistance could be given her.

CASE XLII.

OCTOBER 10, 1777. *Wilkins.* This woman had twins, and was attended by a midwife. After the delivery of the first child there came on an excessive flooding.

I was immediately sent for; but not being at home, the same gentleman, to whom I have so often before been obliged for his assistance, attended for me. It was evident the attachment of the Placenta to the Os Uteri could not, in this case, be the cause of the Hæmorrhage. It was, nevertheless, in so alarming a quantity, that he had, at first, apprehensions lest it should be necessary to turn the child; but by puncturing the membranes, and gently stimulating the Os Internum, some pains were soon excited, which immediately suppressed the discharge, and a living child was speedily and safely expelled, the mother suffering no other inconvenience afterwards but great weakness.

CASE XLIII.

OCTOBER 26, 1777. *Stannard.* This woman is the same person whose case is related the second in this collection. She was at this time about thirty weeks gone with

with child, and for more than a month before had been troubled with an Uterine Hæmorrhage, which was at first occasioned, as she imagined, by a fall.

For several days before the above date it had increased considerably, and at the time when I saw her it was immoderate. I immediately examined her, and with difficulty introduced a finger into the Os Uteri, against which I found the Placenta. She had slight pains at intervals, which always produced a fresh flow. I was particularly perplexed, from an apprehension that it would be impracticable, from the small size of the Uterus, to get the hand sufficiently admitted into it to effect the turning and extracting the child, which, however, appeared indispensably necessary for the woman's safety. I made several efforts to get two or three fingers introduced, but without success. I therefore waited, but was more than

than usually anxious for the event. The pains and discharge still continued, and my patient became more and more faint. I gave her gruel, &c. as often as she could take it, of which, though she drank in small quantities, she took a good deal in the whole. At length, about an hour and a half after my arrival, while she was drinking something of this kind, there suddenly came on a fresh gush of blood, which instantly made her sick and vomit, and was followed by the most alarming Syncope I ever saw, for the bystanders supposed her to be dead. It occurred to me that it would be right to catch this moment of total relaxation, and attempt the admission of the hand. I found the mouth of the Uterus quite loose, and it dilated easily as far as its size would admit, sufficiently, however, to allow the hand to pass far enough into it to find a foot, which I was fortunate enough to bring down into the Vagina immediately; by means of which, without

without a further introduction of the hand, I extracted a small dead child; the Placenta came away in a few minutes afterwards, and the discharge soon stopped. My patient was, therefore, snatched from the most imminent danger, and I was relieved from an anxiety greater than any I have, for several years, experienced upon a similar occasion.

REMARK.

Though the attachment of the Placenta to the Os Uteri, in this case, would, at the expiration of the term of pregnancy, have *unavoidably* produced a flooding, and though, as in all others of a similar situation, it now prevented nature from relieving the patient, yet the cause which made the Hæmorrhage come on at so early a period was certainly the *accidental* one of the fall. These two causes both concurring in one case, prove the necessity there *always* is for the unequivocal information which is alone to be derived

from

from a manual examination into the state of the Uterus; for supposing in such a case as this it had been presumed from the circumstance of the fall, and the time of the flooding first coming on, that the cause of it had been merely *accidental*, and the patient on that account had been left to the care of a midwife (which, had the Placenta not been in the way, it would have been justifiable to have done,) it is very probable the happy opportunity of assisting the woman would have been lost, and the case have terminated unfortunately.

CASE XLIV.

OCTOBER 20, 1777. —— *James.* I found this woman, being a pauper, under the care of a midwife, who informed me that she was at the full time of her sixth child, and that, after having had slight pains for some hours, there came on a very considerable discharge from the Uterus. It had been

been about an hour when I saw her, but the membranes were broken, a good deal of water had escaped, and the flooding was much abated. I introduced my hand into the Vagina, and found it full of coagulated blood; the mouth of the womb was much dilated and very loose, the Placenta was *not* in the way, and a hand of the child presented. The discharge was now very trifling, but the præternatural position of the child requiring artificial delivery, I introduced my hand immediately into the Uterus, and very soon took hold of a foot, which I brought down with great ease, and soon after, and without any difficulty, as the Pelvis was singularly well formed, and the parts much relaxed by the discharge, I extracted a large living child; the Placenta came away without any trouble, there was no return of the Hæmorrhage, and my patient did well.

REMARK.

REMARK.

It is obvious that in this case the turning was had recourse to on account of the bad presentation of the child, and not on account of the flooding, which was owing to an *accidental* separation of the Placenta; and that it cannot, therefore, be said to contradict the general maxim which I have adopted respecting floodings which arise from an *accidental* cause, namely, that nature is of herself able, in such cases, to expel the child. The quick dilatation of the Uterus, and part of the child having been pushed down, were, in this case, sufficient proofs, that if that part had been the one usually presenting, nature would, as in many others before related, with her own efforts, have been able to expel the child soon enough for the woman's safety.

CASE XLV.

APRIL 3, 1778. I visited the wife of —— *Garrard,*

—— *Garrard,* a poor woman belonging to Norwich. She was twenty weeks gone with child, and had been seized with a discharge from the Uterus some hours before I saw her, and which was attended with slight pains. Upon examination I found the Vagina full of coagulated blood, and upon passing my finger in search of the Os Tincæ, I distinctly felt the Placenta attached to it. The Uterus was too small to admit the hand, and I was so fully convinced of it from a very gentle attempt I made to do it, that I did not think it justifiable to repeat it; but I waited with the patient, hoping, though not without anxiety, that nature would be able to expel the Fœtus. By keeping her still and the room cool the discharge was probably moderated, and though with every return of pain more blood came away, yet the Fœtus and Placenta were expelled in about an hour, and the woman sustained no loss afterwards which materially affected her.

REMARK.

This was the first case of a flooding so early in pregnancy in which I remarked the attachment of the Placenta to the Os Uteri, and consequently was the first instance which I could observe of nature's being able, under such circumstances, to expel the Fœtus.—The same circumstances, I doubt not, must have occurred before in my practice; but as surgeons are not always sent for in cases of abortion, and when it takes place in the early months, it being seldom necessary to examine the parts, it may have often happened when it has not been noticed. It is, however, to be wished, that in cases of abortion, especially in those of the fourth and fifth months, the state of the Uterus were examined as often as an opportunity admits of, by which alone it can be ascertained whether, in those months, nature be uniformly able to expel the Fœtus when the Placenta

is

is fixed to the Os Uteri. I have already observed on this subject in the Essay, page 52, &c. and in as practical a manner as my information admitted of, to which I would refer the reader.

CASE XLVI.

APRIL 16, 1778. I was this day sent for to Mrs. *W*——, who was then in labour of her third child. She was at her full time, and under the care of a female practitioner.

The small pains which announced the very beginning of her labour were accompanied with a trifling discharge of blood, which increased in exact proportion to the force of her pains; and when I saw her both were considerable, and much blood had been lost. Upon examining the parts I found the Os Uteri dilated sufficiently for the admission of four fingers, and perfectly soft and lax; the Placenta immediately

ately presented. From these circumstances I thought it right at once to introduce the hand and remove the Fœtus, which I effected with singular ease, as the woman was well formed, and the Uterus gave way without difficulty. The child was dead, but the patient recovered in the usual time.

CASE XLVII.

JULY 3, 1778. I was sent for to —— *Field*, a poor woman, who was under the care of a midwife. She was at her full time, and had been several hours flooding considerably, so as to have lost an excessive quantity before I saw her, and she was faint to an extreme. Upon examination I found the Placenta presenting, and the Os Uteri sufficiently dilated to admit of the introduction of the hand. I therefore proceeded to delivery, and effected the extraction of the child without difficulty; but when I endeavoured to extract the Placenta,

it

it adhered so strongly to the Cervix Uteri that it was near an hour and a half before I could remove it; nor then without separating the adhering part with my hand. The discharge being continued by this unlucky delay, and the woman's fatigue being very much increased by it, I very much feared she would not be able to survive it; and my apprehensions proved true, as she died about twelve hours after.

REMARK.

Though the great loss of blood, which, in this unfortunate case, had been sustained before I saw the patient, made me apprehensive, at first, that it would not terminate happily, yet, I cannot help thinking, had there been no difficulty in bringing away the Placenta, that she would have recovered. It must at least be admitted that this circumstance, from its having so much protracted the labour, having kept up the

discharge

discharge so much longer than it would otherwise, probably, have been, and having subjected the woman to so much more pain, must have contributed very much to the fatality of the case.

The retention of the Placenta is ever a case requiring care; and, under some circumstances, it is not a little difficult to ascertain what is the best mode of treatment, the best practitioners not being perfectly agreed whether it be right to remove it immediately by the forcible introduction of the hand into the Uterus, or whether it should be left to be expelled by nature. In cases of flooding there can, however, be no doubt about the propriety of endeavouring to bring it away immediately, as the necessity for its removal must, under such circumstances, be peculiarly urgent, and delay, from the very nature of the case, must expose the patient to more danger.

CASE

CASE XLVIII.

JANUARY 25, 1779. *Woolterton.*—This was a poor woman in the last month of pregnancy. She was a pauper, attended by a midwife. She had had several attacks of slight flooding some days past, but it being at this time more profuse than before, the midwife desired my attendance.

I FOUND the Placenta evidently fixed to the Os Uteri, which was sufficiently soft and yielding to make me determine upon introducing the hand immediately, which I did, without finding more difficulty than usual, and brought away the child by the feet; the discharge immediately stopped, and nothing happened to prevent the patient's recovery.

CASE XLIX.

MARCH 6, 1779. I was called to the

 assistance

assistance of —— *Weatherick*, another poor woman, who was at her full reckoning, and had, at this time, a considerable Uterine Hæmorrhage. Upon examining the parts I found the Placenta presenting, and the Uterus sufficiently dilated to admit the hand, which I immediately introduced, and brought away a large living child by the feet. The patient, who was a healthy woman, and had not suffered an excessive loss, recovered in the usual time.

CASE L.

APRIL 4, 1779. Mrs. *W*———, of Ketteringham, about five miles from Norwich, was patient to a very careful and intelligent gentleman in her neighbourhood. Soon after his being called to her, she was seized with a considerable discharge, and upon examining he found the Placenta presenting. Wishing for my assistance in the management of this case, he sent for me, and

and I was with him as soon as the distance from Norwich admitted of, and indeed before any great quantity of blood had been lost. Upon examining the patient, and finding the case to be precisely as he had described it, I recommended artificial delivery, and as the parts were soft and yielding I thought it might immediately be attempted; accordingly, at his request, I introduced my hand on one side of the Placenta, and found the Podex of the child presented, on which account I was the sooner able to get the feet, which I brought down, and finished the delivery with tolerable ease. The Placenta came away soon, and without difficulty, and the patient had a happy recovery.

CASE LI.

JUNE 30, 1779. *Thorpe.* This was a small delicate woman, of a relaxed habit, and who had borne many children. She was at this time at the full period of preg-

 nancy,

nancy, and was seized two days before with a considerable discharge, which ceased and returned at different times until this day, and was then much more considerable than it had yet been, which occasioned my being sent for.

Upon a careful examination, I was satisfied that the Placenta was *not* in the way, and the Os Uteri was sufficiently open to allow me to rupture the membranes; the flooding immediately abated, and in a few hours natural pains came on, and she was by them safely delivered.

CASE LII.

AUGUST 25, 1779, I was called to the assistance of —— *Aldridge,* a poor woman in labour, and under the care of a midwife. She had been flooding for some hours, and much blood had been lost before I saw her; but upon finding the Placenta *not* at the

Os

Os Uteri, I thought it right to wait, and as soon as I was able I punctured the membranes. The parts were soon after more dilated by pain, and she was safely delivered by the simple efforts of nature.

CASE LIII.

NOVEMBER 1, 1779. —— *Cutbird*, a poor woman in the last month of pregnancy. A discharge of blood from the Uterus suddenly came on the preceding day, and was at this time so great as to induce the midwife who attended her to desire my advice. Upon passing the hand into the Vagina, the parts being sufficiently relaxed to admit it without much pain, I was convinced the Placenta was *not* in the way, and therefore treated this case exactly as I did the last, and she was, in like manner, happily relieved by the natural pains.

CASE

CASE LIV.

MARCH 24, 1780. —— *Ward.* This woman was in labour of her third child, was near her full reckoning, and had for some hours been flooding excessively. Upon examining, I found the Vagina full of coagula, and the Placenta attached to the Os Uteri. She had already lost so great a quantity, and was so extremely faint, that I judged it right to attempt the delivery without further loss of time. The Uterus was so lax, that I had but little difficulty in effecting it; but I much feared the patient had suffered a loss which she could not survive. I was however, very agreeably disappointed, for though she remained many weeks very weak, yet her recovery was perfect, and she has had two children since.

CASE LV.

JUNE 19, 1780. —— *Jackson.* This patient

patient was seized with a flooding about the time she expected labour to come on. She was attended by a midwife, who, finding the complaint increase, sent for me. Finding the Placenta was *not* at the mouth of the womb, and the parts but little open, I encouraged her to wait, desired the patient to be kept cool, and left her, with directions to send for me if the discharge became more alarming, and if the labour did not advance.

The discharge continued for a while, but in a few hours the child was expelled by the natural pains; the Placenta was removed without trouble, and the discharge was afterwards not more than what was common after delivery.

CASE LVI.

JULY 1, 1780. —— *Lacohee.* This was an unfortunate poor woman, whom I had before assisted into two præternatural

cases

cases which had required the turning the child; and my now being sent for to her was on account of a considerable Hæmorrhage which came on at the approach of her labour.

Upon making the necessary examination, I distinctly felt the Placenta at the Os Uteri, and was able immediately to pass the hand into the Uterus, and to extract the child by the feet, by which means the flooding was put a stop to, and the patient was rescued from the hazardous state she was in.

CASE LVII.

JULY 23, 1780. —— *Lee.* In the evening of this day I was called to the assistance of this patient, who had been in labour and flooding the greatest part of the day. I found the Hæmorrhage was produced by the attachment of the Placenta to the Os Uteri, and therefore introduced the hand, turned the

the child, and finished the delivery without any thing unusual occurring, and the patient had a speedy recovery.

CASE LVIII.

DECEMBER 28, 1780. I was this day sent for to —— *Baxter*, a poor woman, in a village about six miles from Norwich. She was in the beginning of the ninth month of pregnancy, and had been several days under the care of a midwife; but, on account of a flooding which accompanied her labour, she was at this time attended by a neighbouring surgeon, who, finding the Placenta situate on the Os Uteri, and the Hæmorrhage excessive, desired my assistance.

On account of the distance from Norwich, it was a considerable time before I could be with her, and when I arrived I found her reduced very much by the loss of blood. Finding the Placenta at the Os Uteri, as he

 had

had informed me, and the parts perfectly loose and yielding, I passed the hand immediately, and with very little difficulty extracted the Fœtus and Placenta.

The woman was evidently better after delivery, and as but little discharge followed the removal of the child, I hoped she would have had a happy recovery; and no unfavourable symptom came on until the third or fourth day, on which, however, she was seized with a fever, which proved fatal in a few days afterwards.

CASE LIX.

JANUARY 30, 1781. —— *Feake.*—This woman was near her full time when she was attacked with a flooding. It was at first small, and in the course of two or three days, at times, perfectly ceased; but on this day it increased much, and was very considerable when I saw her. Upon examination

mination I found the Placenta was *not* in the way. I thought it right to wait for the natural pains, which proved sufficient to expel the child with perfect safety to the woman, and much sooner than I apprehended at first.

CASE LX.

NOVEMBER 29, 1781. *Pitcher.* This woman's case was, in all its circumstances, very similar to that last described, and the Placenta *not* being at the mouth of the womb, terminated safely by the sole efforts of nature.

CASE LXI.

FEBRUARY 4, 1782. *Bully.* This patient was, in the eighth month of pregnancy, suddenly seized with a profuse discharge from the Uterus. The midwife who had attended her in former labours was sent for at first; but finding her situation very

hazardous, and that she was not likely to be relieved by the labour pains, she sent for me.

Upon enquiring into the situation of the Os Uteri, I found it but little dilated, and the Placenta was evidently fixed to it. After waiting some time, I passed the hand into the Uterus, but with rather more difficulty than usual; however, the delivery terminated very safely, and the patient recovered.

CASE LXII.

FEBRUARY 24, 1782. —— *Green.* This patient was at her full time, and her labour began with a considerable flooding. It had been some hours before I saw her, during which time she had been under the care of a midwife.

I made the usual enquiry, and found the Placenta at the mouth of the womb, which was dilated enough to induce me to attempt delivery

delivery immediately, and which I effected with much more ease than in the last case, and the woman had a happy recovery.

CASE LXIII.

MARCH 21, 1782. *Ferry.* This woman had a considerable flooding; but being at her full reckoning, and the Placenta *not* being in the way, I waited for the natural pains, which proved sufficient to expel the child before the patient had suffered too great a loss, and she recovered in the usual time.

CASE LXIV.

APRIL 1, 1782. —— *King.* I was sent for to this woman after she had had symptoms of labour, attended with a Uterine Hæmorrhage, for several hours. Upon examination I found the Placenta was *not* at the Os Uteri, but an arm presented. I was, therefore, on this account, obliged to turn the

the child, and extract it by the feet, and which I did without the patient suffering any injury.

CASE LXV.

APRIL 11, 1782. —— *Coleman.* This woman was in the eighth month of pregnancy, and, without any previous indisposition or accident happening to her, was suddenly seized with a discharge of blood. She was several days attended by a midwife, and I was at last sent for, on account of the complaint having much increased. I found, by examining with the hand in the Vagina, that the Placenta was *not* in the way, and therefore encouraged the patient and the midwife patiently to wait for true labour, which, however, did not come on that day; and though the flooding became less, by keeping her still, and the room cool, yet it returned the next day, and I was again sent for; but now I found nature more dis-

posed

posed to assist her, and being able to puncture the membranes with a probe, the water came away, and pains soon succeeded, which proved sufficient to finish the labour happily.

CASE LXVI.

APRIL 14, 1782. —— *Short.* I was sent for in the night time to this woman, who was remarkably small, delicate, and sickly. She had been some days expecting her labour, and had had much uneasiness in her back, and slight pains in the region of the Uterus, during that time. About two hours before I saw her, the labour pains suddenly became stronger, and a considerable discharge accompanied each pain. A midwife had been with her some time, and sent for me on account of the flooding. Though much time was not lost before I was with her, yet, the Uterus opening quickly, she sustained a very great loss in a very

little

little while. Finding the Hæmorrhage still great, and the Placenta presenting, I instantly introduced the hand, and brought away the child and Placenta with very little trouble, and happily in time to save the woman's life, as she appeared so much reduced as probably to have rendered her unable to have survived the loss of more blood.

CASE LXVII.

MAY 4, 1782. Mrs. *W* ——. This woman lived in the country, about four miles from Norwich. I had attended her in a former labour, and she had always been subject to slow and lingering times. Her labour at this time began with a slight discharge, which induced her to send for me rather sooner than usual.

I EXAMINED the state of the Uterus, found it but little open, but sufficiently so to convince me that the Placenta was *not* in the way.

way. The discharge still continued, but was kept from being profuse by admitting cool air into the room, &c. and in a few hours I was able to rupture the membranes; after which the flooding evidently abated, and the Uterus soon after opening more and more, the child was expelled by the natural pains.

CASE LXVIII.

AUGUST 20, 1782. ——— *Francis.* When I was called to this patient I found her very much reduced by a flooding which had continued many hours, during which time she had, occasionally, had some pains. She had borne several children before, and was now very near her full reckoning. I distinctly felt the Placenta filling up the mouth of the womb, which was considerably open, and sufficiently loose to justify my immediately introducing the hand. I had but little difficulty in doing this; and though the

 child

child was large, I brought it away quite as soon as I wished, and it proved time enough for the woman's safety.

CASE LXIX.

NOVEMBER 21, 1782. —— *Wright.* In this case the flooding was occasioned by the Placenta being fixed to the Os Uteri, and a separation of it having taken place by the approach of labour, the woman lost a good deal of blood before the Uterus was sufficiently open to admit of forcible delivery; but though I was under the necessity of waiting rather longer in this case than in most of those which had lately occurred to me, yet I was at length able to accomplish my purpose, and without any injury to the patient.

CASE LXX.

APRIL 3, 1783. The subject of this case is a small delicate lady, who has had several children. She had been subject to many

many complaints during all the time of this pregnancy, and particularly indisposed for several days before the above date; but she had attributed it principally to her being so near her time.

Her night having been a very uncomfortable one, she was seized towards the morning with a sudden discharge of blood from the Uterus, which, however, abated in about half an hour. It returned again in a few hours after, when I received a message from her. I visited her immediately, and though she had scarcely any pain, I thought it right to examine the Os Uteri; and being satisfied that the Placenta was *not* attached to it, I encouraged her to expect that the labour would end safely, without any extraordinary means being used to expedite the delivery. I was not able immediately to puncture the membranes, the discharge still continued, and she became

considerably faint. I endeavoured to excite pain by gently stimulating the Os Uteri; and at length it was open enough, and sufficiently low to allow my passing a long probe into it, by which means a great quantity of water made its escape, and the Hæmorrhage totally ceased. Pains sufficient to be of much use did not come on of several hours; but the discharge not returning, I was little anxious on this account. True labour, however, at length began, and a very healthy living child was expelled by the natural pains, and the lady had a good getting up.

CASE LXXI.

JULY 20, 1783. Mrs. *F*——. This person had been my patient in three former labours, and had had natural times. Eight days before this date she was suddenly seized with a copious discharge from the Uterus, while she was turning herself in bed. She immediately

immediately sent for me, but though it had been very considerable, it was much abated when I came to her. I examined the Uterus, found it very little open, but thought the Placenta was not at the mouth of it. She had no pain, and though the flooding did not return, I staid with her several hours.---Having kept her remarkably still, and principally in bed, she had no return of the discharge till four days after, when it came on again; but it was not so profuse as before, and went off sooner. Early in the morning of the day on which this is dated she had some symptoms of labour, and it was soon followed by a fresh discharge. I was sent for immediately, and found her extremely faint. The Uterus was now beginning to open, and I was now fully satisfied that the Placenta was *not* in the way. However, the discharge was still a formidable one, and though I succeeded in rupturing the membranes, yet it abated much

much less than I had usually observed after the escape of the water, insomuch that I almost feared I must have had recourse to artificial delivery; and I am persuaded I should have done so, had I not, in so many former cases, experienced nature's extraordinary ability to relieve herself under the most unpromising circumstances when the Placenta is not at the Os Uteri. I therefore still ventured to wait, and the event justified it, as she was at length safely delivered of a large living child, and though she was much reduced, and exceedingly weak for some weeks after, she totally recovered her health and strength.

CASE LXXII.

AUGUST 11, 1783. —— *Broadhurst.* I was sent for to this woman about noontime this day, on account of a flooding which she had had several hours. I found her in labour of her fourth child, and under the

the care of a midwife. Upon examining the parts, I was satisfied that the Placenta was *not* in the way, and I was able immediately to pierce the membranes; the discharge abated instantly, and some pain succeeded, which I expected would very soon have pushed the child down; but it was more than four hours before it was expelled, which, however, was then effected by the natural pains, assisted only by the midwife, who attended at first, as I was called away about two hours before to another patient.

CASE LXXIII.

NOVEMBER 7, 1783. Mrs. *F*——. This woman was a healthy, strong woman. She was in labour of her second child, and was remarkably well formed to bear children. She was at her full time, and her labour had commenced, when there came on a very considerable Hæmorrhage. Upon examining,

examining, I was convinced that the Placenta was *not* fixed to the Os Uteri, which was already considerably open, and I dare say would have admitted the hand for artificial delivery with the utmost ease. This, however, not being necessary, I only ruptured the membranes, and left the expulsion of the child to nature, and it took place in about an hour, a remarkably fine child being born without any further circumstances of alarm to the mother.

CASE LXXIV.

NOVEMBER 19, 1783. Mrs. ———. This lady was with child of her eleventh child. She was naturally a healthy woman, but had borne so many children in so short a time, that her constitution was rather impaired by it. She was at this time at her full account, and had been so much indisposed for a week past, that her nurse had been constantly with her, and I had paid

her

her several visits. Early this morning, after having had a very uneasy night, there came on a discharge of blood, which, however, abating in a little while, the nurse did not think proper to send for me. It returned several times, but through the inattention of the nurse, who considered the circumstance of no consequence, I did not see her until eleven o'clock. The discharge was now very considerable, and I was much hurt that so much blood had been lost before I was informed of her situation. Upon examination, very fortunately it was found that the Placenta was *not* in the way, and as I was able to pierce the membranes with a probe, I did not doubt but the labour would end soon and safely, as all her former labours had been very happy ones, the child being usually expelled in a few pains after the escape of the waters. The rupture of the membranes had the good effect I expected, and she was soon and remarkably easily deli-

vered by the natural pains. Rather more discharge than was common with her followed the Placenta, but nothing happened afterwards to retard her recovery.

CASE LXXV.

DECEMBER 14, 1783. Mrs. *D*——. This woman had borne several children, was small and delicate, had a very pale sickly countenance, was much emaciated, and had been subject to a variety of complaints, which had weakened her extremely. When she was about three months gone with child, there came on a very considerable discharge, and there was every reason to believe she would have miscarried at this time, but unfortunately, though the Hæmorrhage continued many days, she still went on. It returned at different times, from the first attack to the middle of the seventh month, and then very suddenly became very profuse;

profuse; and even at that time I was not sent for until more than two hours after it began.

I NEVER found a poor creature in a more deplorable state;—reduced so very much by the many former losses, I was astonished to find her alive after the very great discharge which had now happened. Upon examining the Uterus I felt the Placenta presenting; but the Os Tincæ was so little open, and the Uterus itself so small, that I very much feared I should have been unable to have introduced the hand. The urgency of the case, however, justified an extraordinary exertion, and made it necessary to lose no time in making the attempt to deliver. Accordingly I immediately introduced two or three fingers, and by degrees got the hand almost completely admitted; but though from the faint state in which the patient was, the parts were very loose, yet the want

of capacity of the Uterus very much impeded the necessary motion of the hand when introduced, and rendered it very difficult to get at the feet of the child, which were at the Fundus Uteri. The apprehension which I was likewise under of the woman's expiring before I had finished the operation very much added to my embarrassment, and made me suffer an anxiety much greater and more painful than I had ever before experienced on a similar occasion. However, from a cautious perseverance, I did at last pass the hand far enough to find the feet, and was able to bring them down into the Vagina. When I had gained this very important point I stopped, in order to give the patient a little respite, but in less than a quarter of an hour I was able to extract the child completely. I had no trouble in bringing away the Placenta, which appeared remarkably discoloured on that surface which unites with the Uterus,

from

from the separation which must so long have taken place.

Though but little Hæmorrhage followed the delivery, yet so much blood had already been lost, that I feared she would have survived but a short time. She, however, to my surprise, recovered from her faintness, and was able to take something cordial, and was so much better the next day as to be out of immediate danger; and though for many weeks she seemed a living corpse, and for several months was unable to walk, yet she was, about nine months after she was delivered, in tolerable health.

CASE LXXVI.

JANUARY 19, 1784. Mrs. *H*—— was a delicate woman, whose constitution had suffered much by having borne many children in a few years. She was at this time in the eighth month of pregnancy, and a

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JANUARY 19, 1784. Mrs. *H*—— was a delicate woman, whose constitution had suffered much by having borne many children in a few years. She was at this time in the eighth month of pregnancy, and a considerable

considerable discharge from the Uterus suddenly came on. I was immediately sent for, but being at some distance from home, it was more than an hour before I was with her.

Upon examination I found the Placenta was *not* presenting, and though the Os Uteri was but little open I was soon able to pierce the membranes, upon which the water immediately escaped, and the discharge abated. The Uterus dilating, I soon found the feet of a small child presenting, which I drew forth, after which there was no material return of the discharge, and my patient did well.

CASE LXXVII.

FEBRUARY 3, 1784. I was called early this morning to the wife of —— *Armes*, a poor woman, who was under the care of a midwife, I found she was in the eighth month

month of pregnancy, and that she had been flooding several hours. She had very little pain, and upon examining the parts I found the Uterus but little dilated, but sufficiently so to satisfy me that the Placenta was *not* in the way. I directed her to be kept still and cool, and gave the midwife reason to expect that she would be delivered by the natural pains. About eight o'clock in the evening I was sent for again, the discharge having been very considerable within the last hour. I now found the Os Tincæ more open, and was able to break the membranes, but the Hæmorrhage still continued more than I expected it would have done after the escape of the water. However, as there appeared to be some disposition in the Uterus to dilate, and as she now had slight pains, I ventured still to trust them, and fortunately they increased so much within the following hour as to expel the Fœtus with safety to the patient.

CASE

CASE LXXVIII.

FEBRUARY 5, 1784. I was this evening sent for to Kirby, a village three miles from this city, to attend the wife of —— *Clifton*, a poor woman, under the care of a midwife. This patient was in bad health, had had one child before, which was prematurely born, her labour being attended with very alarming convulsions. At this time she was in the fifth month of pregnancy, and was seized with pain, accompanied with a considerable Hæmorrhage. Upon examination I could easily distinguish the Placenta at the mouth of the womb, and after several attempts I passed one finger through the substance of it, beyond which I felt an arm of the Fœtus presenting. The Uterus was so small that, notwithstanding the flooding and the preternatural posture of the child both required it, yet I found it absolutely impracticable to turn the Fœtus, as I could

could introduce but two fingers, and with them could take but very imperfect hold even of the arm, and therefore was obliged to relinquish it, and trust to nature's ability to expel the whole. By the escape of water, produced by my passing the finger through the Placenta, the discharge was much lessened, though not absolutely stopped; but as the woman had no pain I was not without anxiety for the event. Fortunately there was no great return of discharge until about four hours after, and this being produced by true labour pains, they proved sufficient in a short time to expel the child, which being small, came with the arm and head presenting. The discharge immediately stopped, and though the patient remained very weak for some time after, yet she is now in as good health as usual.

CASE LXXIX.

APRIL 21, 1784. Being this day in

the country, about four miles from Norwich, on other business, I was requested to look at a cottager's wife, who was in labour, and attended by a neighbouring midwife. I found she had been flooding more or less for several hours; but upon examining, the Uterus was much dilated, the Placenta was *not* in the way, and the woman had pretty good pains, but the discharge was still so much as to alarm her attendants. I immediately, and without the least difficulty, ruptured the membranes; a large quantity of water came away, the flooding stopped, strong pains soon succeeded, and as the woman was well formed, and had had many children before, she was safely released in little more than a quarter of an hour.

CASE LXXX.

MAY 27, 1784. —— *Middleton.* This patient was in the eighth month of pregnancy. She had flooded about two hours, in

in the forenoon of this day, before I saw her. Upon examination, though the Vagina was full of coagulated blood, I was fully satisfied that the Placenta was *not* at the Os Uteri, and that the membranes were ruptured; and therefore, notwithstanding the Hæmorrhage continued, and the woman had no pain, I thought it right to wait, and encouraged the midwife who attended her to expect that the natural pains would be sufficient to expel the child. She had, however, but little pain for many hours, and the discharge, though more moderate, still continued. In the evening there came on stronger pains, and she was then delivered, with peculiar ease, of a dead child.

CASE LXXXI.

JULY 6, 1784, I was sent for in the night time to assist a surgeon in a case of Hæmorrhage, but being at some distance from home, it was more than two hours

before I arrived at the patient's; and I then found that the case had ended unhappily, the woman, though delivered, being dead.

The patient was a poor woman, and had been a long while under the care of a midwife before the surgeon was sent for. She was seized with a flooding several weeks before, which had returned at different times, at each of which much blood had been lost. In the evening preceding the above date some symptoms of labour came on, attended with a fresh attack of the Hæmorrhage, which, as the pains increased, became so considerable, that when the surgeon was sent for an excessive quantity of blood had been lost, and she was reduced to the last extremity.

On examination, he found the Os Uteri perfectly loose, and the Placenta evidently presenting. He judged it, therefore, right to give

give her the chance of an immediate delivery; but though the turning was effected without the least difficulty, she did not survive it more than half an hour.

CASE LXXXII.

JULY 11, 1784. —— *Hakeney.* This poor woman was about eight months gone with child, was forty-two years of age, of a very weak constitution, and had been ill of a malignant fever more than a week.

A FEW hours before I saw her, there came on pains resembling labour pains, which were accompanied with a discharge of blood, and as it increased as the pains became stronger, the midwife under whose care she was sent for me. I found her very ill, with a small but very quick pulse. She appeared drowsy, and took very little notice of what passed in the room, and this, though she had been faint from the loss of blood, appeared

to

to be principally owing to the stupor which was characteristic of her fever.

On examination I found the Placenta at the mouth of the Uterus, which was so loose and dilatable as to induce me to attempt the delivery immediately, and which, after I had apprized the by-standers that the danger from the flooding was much aggravated by the fever the woman laboured under, and that the event would, therefore, be more than usually uncertain, I accomplished with as much ease as in any of the preceding cases; the Placenta came away very easily, and the Hæmorrhage was very inconsiderable after delivery, and I believe the whole loss sustained was not sufficient to have injured the patient materially had she been in health. The symptoms of the fever, however, evidently became worse afterwards; and though she took nutriment in a tolerable quantity for several days, she yet fell

a

a victim to the disease before the end of the week.

REMARK.

It must, I doubt not, appear very evident, from the above recited case, that the fatal termination of it was chiefly owing to the state the patient was in being so peculiarly unfavourable to parturition.

The fever was certainly the cause of the premature labour, as the attachment of the Placenta to the Os Uteri was the immediate and principal cause of the Hæmorrhage; but as the former, from its malignant nature, might induce some separation of the Placenta, it is probable that in this, as well as in some former cases, one of the causes which I have considered as *accidentally* producing a flooding, and that which renders an Hæmorrhage *unavoidable*, unfortunately subsisted at the same time.

It

It may not be improper to observe, that the effort which nature made, by the coming on of labour, to remove the child at a time when the woman was attacked with danger, is a striking instance of what, I believe, always takes place when any dangerous circumstance occurs during pregnancy, and is, among many others, a proof of the wise care uniformly observed in the operations of nature, to preserve the species, and particularly in that in which the continuance of it is so immediately her object.

CASE LXXXIII.

SEPTEMBER 7, 1784, ——— *Carver*, a poor woman in the workhouse, was at her full time of her ninth child, and her labour came on in the forenoon of this day, attended with a discharge of blood from the womb. About one o'clock, whilst the midwife was with her, her pain became suddenly much stronger, and a very considerable

able quantity of blood came away. She became faint upon this loss, and the pains abated, the discharge however still continuing, though in a small degree.

In the evening I was requested to see her, and though there had been but small pains for many hours, and no return of Hæmorrhage equal to what happened at noon time, yet she was still very languid. On examination I found the Uterus considerably dilated, and the Placenta filling up the mouth of it. I made no hesitation, therefore, to pass the hand, and as the woman was very well formed, I extracted a large living child, with very little difficulty, and no injury to the mother.

CASE LXXXIV.

SEPTEMBER 9, 1784. —— *Brookes.*

This poor woman was in labour of her fifth child, and a very considerable discharge

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from the Uterus came on suddenly. The woman, under whose care she was, examined her, and felt the membranes protruding through the Os Internum. She ventured to break them, upon which a large quantity of water came away, and the flooding abated; but after waiting more than an hour, as no pains came on, and she was unable to distinguish what part of the child presented, she apprehended the discharge might return, and sent for my assistance.

There was but little discharge when I saw the patient; but by the faint state she was in, and the cloths which were shewn me, it was evident a large quantity must have been lost. On examination I found the Uterus dilated and quite loose, and one foot of the child presenting, by which I drew it forth with very little trouble, and the mother and child both did well.

CASE

CASE LXXXV.

SEPTEMBER 16, 1784. Mrs. *P*——. This woman's constitution was naturally a weak one, and she had suffered a very great loss of strength by a long continued fever, of the putrid kind, about a year before. She was at this time in the beginning of the last month of her third pregnancy, had been very unhealthy during the whole of it, and had been particularly indisposed about a fortnight before, from which time she ceased to perceive any motion in the child.

In the forenoon of the day of the above date she was suddenly seized with a considerable discharge of blood from the Uterus, and though she had no pains resembling labour, she yet felt a peculiar sense of bearing down. The discharge continued during the day, many cloths were wetted with it, and several dark-coloured coagula came away.

Having been engaged to attend her, I was sent for about ten o'clock in the evening. The discharge was then inconsiderable, but she complained of the same sense of bearing down. Upon examining I found the Os Uteri remarkably high up, and so little open that it was with the utmost difficulty I could introduce the end of a finger, with which I thought I felt the membranes, but it was too indistinctly either to make me decidedly certain that the Placenta was not presenting, or to enable me to rupture them. However, as upon further enquiry I found that the flooding was not accompanied with pain, and that when there came on any pain the discharge was not increased by it, I ventured to leave her, desiring to be sent for immediately upon an increase of the Hæmorrhage. I was not sent for until the next morning, notwithstanding there had been several returns of the flooding in the course of the night, and a considerable quan-

tity

tity of blood had been lost. The Uterus was still high up; but upon passing the whole hand into the Vagina, I could now get the finger farther admitted into the Uterus, and was thence fully satisfied that the Placenta was *not* in the way. I immediately introduced a probe along the inside of my hand, and, guided by my finger, I passed it into the Os Uteri, and it was just long enough to pierce the membranes. A large quantity of fœtid water came away, and the flooding abated. As no pain came on, the discharge did not return, and the Uterus was so little open, I again left her, but in about a quarter of an hour after there came on some smart pains, which expelled a dead child and the Placenta before I could get to her again.

No material discharge attended the birth, nor was there more than usual afterwards, and she recovered much sooner than could have

have been expected, considering the loss she had sustained, and that her health was such as to render her a very unfavourable subject for a Hæmorrhage.

CASE LXXXVI.

NOVEMBER 2, 1784. —— *Bradfield.* This poor woman had been in labour some time before I was called to her assistance, and for some part of the time had been flooding. The increase of the discharge induced the midwife who attended to send for me. On examination I found that the Placenta was *not* attached to the Os Uteri, and being able very soon to rupture the membranes, the Hæmorrhage abated, and the woman was safely delivered by the natural pains.

CASE LXXXVII.

DECEMBER 30, 1784. —— *Farrington.* This patient had gone the full time of

of her fourth child, and her labour commenced with a very formidable discharge of blood. She was attended by a midwife, who sent for me when she found the complaint continued, and she could not discover the presentation of the child. I found her in a very languid state, and evidently in much danger from the loss she had sustained. On examination I found, as I expected, from her threatening aspect, that the Placenta was fixed to the Os Uteri. I therefore did not hesitate immediately to deliver by turning, and which, the parts being very loose, I effected with little trouble. She remained so extremely faint for several hours after the extraction of the child, that I had very anxious apprehensions for her safety; but she had, nevertheless, the good fortune to recover.

CASE LXXXVIII.

FEBRUARY 15, 1785. —— *Dearn.*

This

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CASE LXXXVII.

DECEMBER 30, 1784. —— *Farrington.* This patient had gone the full time of

of her fourth child, and her labour commenced with a very formidable discharge of blood. She was attended by a midwife, who sent for me when she found the complaint continued, and she could not discover the presentation of the child. I found her in a very languid state, and evidently in much danger from the loss she had sustained. On examination I found, as I expected, from her threatening aspect, that the Placenta was fixed to the Os Uteri. I therefore did not hesitate immediately to deliver by turning, and which, the parts being very loose, I effected with little trouble. She remained so extremely faint for several hours after the extraction of the child, that I had very anxious apprehensions for her safety; but she had, nevertheless, the good fortune to recover.

CASE LXXXVIII.

FEBRUARY 15, 1785. —— *Dearn.*

This

This was another poor woman, under the care of a midwife when I was sent for. I found her flooding considerably, and on enquiry, by examination, I felt the Placenta at the Os Uteri. I had no difficulty in turning the child, which was born alive, and the patient suffered no other injury from the Hæmorrhage than being a little weakened by it.

CASE LXXXIX.

JUNE 28, 1785. —— *Wells.* This was a very weak delicate woman, whose health and strength had been much impaired by frequent indisposition, and by having borne several children in a short time. This labour began with a very considerable flooding, and unfortunately I was not called to visit her until she had lost a great quantity of blood. Her appearance was such as to make me fear very much for the event, especially when upon examination I found the

Placenta

Placenta fixed to the Os Tincæ. I did not, therefore, delay to deliver, and I accomplished it with very little difficulty. The child was living, and the mother seemed likely to recover, until the third day, when she was severely attacked by a fever, which she did not long survive.

CASE XC.

JULY 27, 1785. Mrs. *P*——. I had attended this patient in six previous labours, and I was now called to her sooner than usual, on account of a discharge of blood from the Uterus. Though she had scarcely any pain I thought it right to examine, and was soon convinced that the Placenta was *not* at the Os Internum. From rest, an horizontal posture, and keeping the room cool, the Hæmorrhage abated, but returned at several times before genuine labour took place. This did not happen until the next day, when the delivery was effected by

the natural pains, and the patient perfectly recovered.

CASE XCI.

AUGUST 29, 1785. —— *Blaxter* was a pauper in one of the workhouses of this city. During labour there came on a discharge of blood, on which account my advice was requested. She had lost a good deal when I first saw her, but as I found the Hæmorrhage was *not* occasioned by the Placenta being attached to the Os Uteri, and being soon able to pierce the membranes, I had no doubt but the case would end safely without artificial delivery; and which it did about two hours after, the patient having no other assistance than what the midwife afforded her.

CASE XCII.

OCTOBER 12, 1785. —— *Crowe.*— This was a small woman, who had a tender constitution,

constitution, and had been much weakened by various complaints. She was in labour of her third child, and soon after its coming on there occurred a profuse Hæmorrhage. I was immediately sent for, and so much blood had been lost in a short time that I expected to have found the Placenta fixed to the Os Uteri, but on examination I found this was *not* the case; and the same means which I have before so often practised were attended with a safe and natural termination of the labour.

CASE XCIII.

JANUARY 1, 1786. Mrs. *P*——. This patient, whom I have attended in several labours, suffered once before from an Uterine Hæmorrhage. She was now in the eighth month of pregnancy; and a flooding came on, attended with but little pain or other symptoms of labour. On examination I was satisfied that the Placenta was *not* in

the way, and though the Uterus was but little open, by the assistance of a long probe I was able to pierce the membranes. The discharge was immediately lessened, and in about an hour labour came on, and a dead child was expelled. An adhesion of the Placenta, which was fixed to the Fundus Uteri, occasioned me some trouble, and produced an increase of the discharge before I was able to extract it; but, notwithstanding this, and the patient being also a sickly woman, she had a perfect recovery.

CASE XCIV.

FEBRUARY 7, 1786. —— *Baxter.*

This woman was in the seventh month.—She sent for her midwife on account of a discharge of blood which had suddenly taken place; and as this had continued so as to alarm the midwife, she sent for me. On examination I found the Placenta was *not* attached to the Os Tincæ, and the Uterus

soon

soon opened sufficiently to allow me to rupture the membranes; after which I soon felt the Podex of a small child presenting, which was safely expelled by the natural pains, and the patient sustained no other loss which affected her.

CASE XCV.

APRIL 9, 1786. —— *Ferry.* This woman had gone her full time, and was in true labour when a considerable Hæmorrhage took place. The attending midwife immediately sent for me. On examination it was evident that the Placenta was *not* at the Os Uteri, but I found the funis and a hand of the child presenting. On the latter account, therefore, I proceeded to deliver by turning, and as the woman was well formed I extracted a living child without difficulty, and nothing occurred afterwards to impede her recovery.

CASE

CASE XCVI.

SEPTEMBER 30, 1786. —— *Stevens.* This patient was but seven months gone with child when a considerable Hæmorrhage from the Uterus took place. As soon as I visited her I found she had lost a considerable quantity of blood, and on examination I felt the Placenta adhering to the Os Uteri. I therefore immediately made the attempt to remove the child, and was able to introduce my hand into the Uterus, and accomplish the delivery with less difficulty than I expected at so early a period of pregnancy. The child was born alive, and the mother had a happy recovery.

CASE XCVII.

DECEMBER 8, 1786. Mrs. *W*——. This was a delicate and small lady, who had a tender constitution, and had borne several children. A slight Hæmorrhage occurred

curred in the middle of the seventh month of the pregnancy which is the subject of the present case; but it was apprehended that this was occasioned by some exertions and fatigue in her attendance, during a dangerous illness, on a near relation, for whom she was much interested. From rest and stillness this went off, but a small quantity of blood was lost, and no enquiry respecting the Placenta was made at that time. About six weeks after, being then in the beginning of the ninth month, the discharge returned to an alarming degree, and I then found, on examination, that the Placenta was attached to the Os Uteri. The Uterus was but little open, but sufficiently soft to justify the attempt to deliver, which happily succeeded without more than usual difficulty; the child was born alive, and though for a long while very small and delicate, is now living and healthy, and the lady recovered nearly as soon as she had done after her former labours.

CASE

CASE XCVIII.

MARCH 13, 1787. —— *Sewell.* This poor woman lived at ———, a village about nine miles from Norwich She was a pauper in the poor-house there, and exhibited, when I first saw her, an appearance of wretchedness much greater than any I had ever before been a witness to. At her full time of pregnancy she had, a day or two before, been seized with pain, accompanied with an Hæmorrhage, from which she had suffered so much by the time I saw her, that she appeared to be almost expiring. Either her own extreme ignorance, or the gross inattention of the other unhappy wretches who inhabited the same miserable cottage, prevented any person being sent for at an early period of the complaint; nor was she visited by a surgeon until she was reduced nearly to the state in which I found her. Another surgeon, however, did see her before myself.

myself. He examined the Uterus, and found the Placenta attached to the mouth of it. He was convinced, from the nature of the flooding, of the propriety of extracting the child, but hesitated to do it on account of the dying state in which the patient was, and as, from the extreme languor which accompanied such a situation, the Hæmorrhage was totally stopped, he thought it would be right and might be safe to endeavour to recruit her by some cordial before the attempt to deliver was began, and in the mean time he sent for me. During the time which intervened before my arrival she continued in the same state, there was the same appearance of approaching death, and no increase of the Hæmorrhage; for had the latter been the case, he certainly would have delivered. It was dark when I arrived, and on my entrance into the cottage, which was unusually dismal, there was just light enough from a small fire made of sticks to shew me

the wretched sufferer lying in one corner of the room. A few rags, on which she laid, scarcely kept her from the ground,* and a few more, which were thrown over her, but half concealed her truly cadaverous figure. Her countenance was pale, her eyes sunk, and her whole appearance exhibited a miserable spectacle of poverty, famine, disease, and approaching death. Though not unaccustomed to scenes of great distress among the lower classes of the poor, and though, from habit perhaps, not much affected by a mere scene of mortality, I experienced no small shock at beholding such an object,

* It was literally the ground, for the floor of the cottage was the bare earth, and which being sunk considerably below the level of the surrounding ground without, was necessarily very cold and damp.

After what has been said, it is but justice to add, and I do it with great satisfaction, that having very lately visited the same poor-house, I found it had undergone a thorough repair, and was pretty well furnished, so as to be, except in the circumstance of its being at this time too full of inhabitants, a tolerably comfortable residence for paupers.

and

and for a moment felt a reluctance to approach nearer to her; but it was my duty to do more, and as the surgeon who attended before urged me to deliver her, I immediately made the attempt. From the situation to which she was reduced, such a relaxation of the parts had necessarily taken place, that there was not the least resistance to the introduction of the hand, and the delivery was effected without difficulty and in a short time. The patient continued in a state of insensibility, and the only sign of vital power which remained appeared in her swallowing a little cordial, but even this power soon ceased, and she expired in about two hours after the extraction of the child, which I need not add was also born dead.

The pain which a surgeon ever feels when an important operation terminates unfortunately, was in this instance much aggravated by the reflection, that this poor

woman would probably have been saved, had she been in any other than the wretched situation in which her extreme poverty had placed her.

CASE XCIX.

NOVEMBER 14, 1787. —— *Parsley.* This poor woman had not completely gone her time, when she was seized with a discharge from the Uterus. Being in the Norwich workhouse, she was attended by a midwife, who sent for me when she found the discharge not likely to stop. Upon examination I was satisfied that the Placenta was *not* at the Os Uteri, and as I could distinguish the feet of the child through the membranes I immediately ruptured them, and with very little trouble brought forth a living child.

CASE C.

JANUARY 16, 1788. —— *Fisher.* This woman was in the beginning of the eighth

eighth month of pregnancy, when a discharge from the Uterus took place, with but little pain. The midwife who usually attends her visited her first, but as her labour did not seem likely to come on she sent for me. On examination I was convinced that the Placenta was *not* in the way, and I therefore desired the midwife to wait. She sent for me again the next day, and I found the discharge had increased considerably, but I was now able to perforate the membranes, and in about an hour after the child was expelled with no other assistance than what the midwife afforded.

CASE CI.

JANUARY 18, 1788. Mrs. *M*——, of Honingham, about eight miles from Norwich. This patient is the wife of a very considerable farmer, is a very active woman, and had before borne nine or ten children. She had been many times attended by a very intelligent

intelligent and experienced surgeon in her neighbourhood. About a month before the above date this gentleman was sent for on account of a slight Hæmorrhage which had suddenly taken place. On his arrival, as the discharge was abated, he was not permitted to make an examination; but as, from some symptoms, he thought it likely that it was occasioned by the attachment of the Placenta to the Os Uteri, he apprized the husband of the probability of the return of the flooding at the approach of labour, and as it might prove a dangerous circumstance, he desired, should it again take place, that I might be sent for as well as himself. About a month from the first occurrence of the Hæmorrhage it came on again, and she was then gone the full period of pregnancy.—This happened in the evening, and we were both with the patient before any great loss had been sustained, and it was then become so small in quantity, and she had so little pain,

pain, that the surgeon who first attended was scarcely permitted to examine, and when he did do it he was under the necessity of doing it so hastily that he could not positively ascertain that the Placenta was presenting. In this state I found the patient, and after sitting with her about an hour we went to bed. During the early part of the night the patient was free from pain, and had scarcely any discharge; but about five in the morning there was a sudden accession of labour pain, and with it an excessive gush of blood.—Though the other surgeon and myself were under the same roof with the patient, and of course were very soon with her, yet in that very short time such a loss had been sustained as sunk the patient instantly, and induced a most formidable state of faintness. Under these circumstances no time was to be lost, and I immediately made the examination, and found that the Placenta filled up the mouth of the womb, which was considerably

ably dilated. There could be no doubt of the necessity of an immediate attempt to deliver, and no objection was made to it but from some of the attendants, who considered her as in a dying state, and apprehended that such an attempt would probably hasten her death. However the husband was prevailed upon to consent to it, and I immediately introduced the hand for that purpose, and, as I have ever found it when much blood has been lost, and more especially where the patient has had several children before, not the least difficulty attended the extraction of the child, and it was effected in as short a time as I could wish. The patient remained for many hours in a state of faintness, which gave just cause for much anxiety; but as there was but little discharge after delivery, and cordials and nutriment were administered as freely as her situation admitted of, all her formidable symptoms gradually disappeared before the next day.

This is a very striking instance of the rapidity with which this Hæmorrhage sometimes returns after the beginning of it has been trifling and unalarming; but as this must always obviously depend upon the disposition of the Os Uteri to dilate, and as in women who have had many children it is well known to give way very suddenly and very largely, it must evidently be always hazardous to leave a patient accustomed to quick labours, when seized with Hæmorrhage, and more especially if an opportunity has offered of being satisfied that the Placenta is fixed to the Os Uteri. In the present case it is pretty evident that the patient would have been lost, had the surgeon, at the time when the discharge returned so largely, been at a much shorter distance from her than must usually be the case even in town practice.

CASE

CASE CII.

MARCH 8, 1788. Mrs. *B*——. This lady was at the full period of pregnancy. She had had some slight pains, and expected labour was coming on, when she found a discharge of blood from the Uterus. I was immediately sent for, and, upon enquiry, was convinced that the Placenta was *not* attached to the Os Uteri. The patient having had several children before, and usually with quick labours, it was not long before the Uterus was sufficiently dilated to admit of the rupture of the membranes. After this the Hæmorrhage totally ceased, and she was soon and easily delivered of a living child.

CASE CIII.

MAY 22, 1788. —— *Dye.* This was a poor woman under the care of a midwife, who sent for my assistance on account of an Hæmorrhage from the Uterus, which occur-

red

red soon after the accession of labour. The discharge was considerable and the patient very faint, but upon examination I found the Placenta was *not* presenting, and I punctured the membranes. After the escape of the water the labour pains increased, and the woman was safely delivered by the natural pains.

CASE CIV.

MAY 28, 1788. ——— *Woods.* This poor woman's situation was in all circumstances similar to that of the immediately preceding case. The Placenta *not* being at the Os Uteri, the Hæmorrhage was suppressed by rupturing the membranes, and the child was expelled by the sole efforts of nature.

CASE CV.

JUNE 6, 1788. Mrs. *H*——. This woman was in the eighth month of preg-

nancy, and was under the care of a surgeon. Some symptoms of premature labour came on the day before, attended with a slight discharge of blood. He was called to her in the evening preceding this date, and as the discharge increased considerably during the night he requested my attendance about five in the morning. I found the patient very faint, and the Hæmorrhage still accompanying every labour pain. On examination I found the Os Uteri was considerably dilated, and the Placenta filled up the whole circumference of it. I therefore recommended the immediate delivery of the patient, and at the request of the surgeon I introduced the hand for that purpose, and as the Uterus was relaxed and yielding I very soon found the feet of the child, and brought it away without difficulty. The child was not living, but the mother had a perfect recovery.

CASE

CASE CVI.

JUNE 16, 1788. Mrs. *B*——. This was a very delicate lady. She was at the full period of her fifth pregnancy, and had usually had favourable labours. A slight Hæmorrhage from the Uterus occurred the evening before the above date, and I saw her a little while after it began. She had no other symptom of labour, and upon examination, the Os Uteri was so little dilated that I could not positively determine whether the Placenta was attached to it or not. I therefore judged it most prudent to remain with the patient. Towards the morning the disposition to labour increased, and I now was satisfied that the Placenta was *not* in the way. Being also able soon after to perforate the membranes, the discharge was totally suppressed, and the patient was happily delivered of a living child.

CONCLUSION.

CONCLUSION.

Of the foregoing cases of flooding, *forty-two* were produced by a separation of the Placenta, occasioned by its being situated on the Os Uteri, and which was, therefore, in every one of them, *unavoidable;* and *sixty-four* were owing to a separation of it, arising from some *accidental* cause.

Of the latter number, it appears, that though many were very alarming cases, as the patients lost large quantities of blood, and were extremely faint, not one proved fatal, not one but terminated safely, by waiting for the efforts of nature to expel the contents

tents of the womb;* whilst in all the former number, (except two which occurred before the sixth month of pregnancy) that no means whatever which nature could use were able to suppress the discharge, and that, notwithstanding the complaint began in most of them in a manner but little alarming, yet nothing but the removal of the Fœtus by art could save the patients' lives. In thirty-one out of the number, its being timely done, it had manifestly that happy effect; and in the others, where the turning was unsuccessfully used, it seemed to be clearly owing to its having been too long delayed; for in the

* In two or three cases included in the latter number, as well as in that of No. 44, which has already been remarked, it happened indeed that the children came into the world footling, and consequently that more manual assistance was used than in natural presentations; but as this circumstance was totally accidental, and independent of the flooding, as even in them, too, the dilatation of the womb was effected solely by nature; and as it is likewise very probable, if no assistance had been given (the children being small) that nature would at length have expelled them, I have considered the safe termination of the labours as effected by nature.

cases

cases of *King* and *Bond*, where it was most evidently so, the flooding began by no means in a threatening manner, nor did either of those women appear at first in so much danger as many of the sixty-four other patients did, in whom the Hæmorrhage was produced by the *accidental* separation of the Placenta.

From the ample testimony of these cases, it is evident, then, how very frequently the Placenta is fixed to the Os Uteri; and that, notwithstanding so little notice has been taken of it by those who have written on the subject of Uterine Hæmorrhages, how necessary it is, in every case, to make an enquiry for it. But the inferences which arise from them are so obvious, and the method of practice which they point out has been before so fully considered, that it need not now be repeated, especially as the happy events of the cases, which were treated agreeably to the

the method recommended in the Essay, of themselves so fully speak its superiority over that which governed the management of the first related cases.

Before I entirely quit the subject, it may not perhaps, be totally foreign to it to consider what would probably have been my method of treating the cases which succeeded those of *King* and *Bond*, if I had not then established some criterion by which I could judge determinately of the propriety of trusting to nature, or of applying to art.

It is very natural to believe, when my mind had been a good deal affected by the disagreeable events of those two cases, that I should not have hesitated to have had immediate recourse to delivery by art, in every following case in which I found the discharge at all considerable; from a conclusion, (which under such circumstances would not have

 been

been an unreasonable one,) that as there seemed to be some latent undiscoverable cause, which sometimes unexpectedly produced the most fatal mischief, when at the beginning of the complaint there was no appearance of danger, it was justifiable to run the risque of unnecessarily turning the child, in some cases, rather than be liable to omit doing it in a single instance where it might be absolutely necessary for the woman's safety; and, indeed, could it be admitted that the indiscriminate use of this operation was attended with no danger, this would certainly be the only secure method of treating floodings, were it not in our power to discover those particular cases in which the Placenta was situated on the mouth of the womb.

For these reasons, therefore, I doubt not but this would have been the method of practice which I should have adopted; and it is upon the same principles, I am persuaded,

ed, that the invariable use of turning has been recommended by some authors, and put in practice by some surgeons.

The objections to such a method of treatment are, however, self-evident, as it must be particularly inconvenient and irksome to the surgeon, always painful, and sometimes dangerous to the patient.

This consideration, then, still further illustrates the advantage of knowing the true causes from whence these Hæmorrhages proceed; and if, therefore, by what has been said, I have in the least degree added to the knowledge of them, and shall be, on that account, but in a single instance the means of saving the life of a fellow-creature, the little trouble I have had in throwing my thoughts together upon the subject, will not be lost labour, nor these pages, few as they are, be written in vain.

THE END.

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